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# International Council of Women.

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*President:* THE COUNTESS OF ABERDEEN.

## THE HEALTH OF THE NATIONS

COMPILED FROM  
Special Reports of the National Councils of Women.

MOTTO: "Do unto others as ye would that others should do unto you."

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PRINTED AT THE ROSEMOUNT PRESS.  
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**PRICE ONE SHILLING.**



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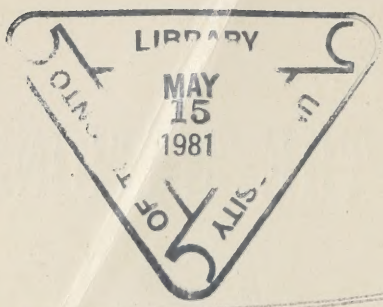
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## EDITORIAL NOTE.

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By request of Her Excellency the Countess of Aberdeen, President of the International Council of Women, the affiliated National Councils of Women have prepared reports upon matters concerning Public Health in their respective countries. The Countess of Aberdeen set the lines upon which these reports should be drawn up, desiring special reference to (1) *Care of Infants and Children*, (2) *The Conditions under which Women carry out Industrial Work*, (3) *Housing of the People*, and (4) *Measures in force against the disease of Tuberculosis*.

In her letters and speeches, the President has unceasingly kept before the National Councils of Women the claims of work for Public Health, and has by her own brilliant example in Ireland provided the strongest stimulus of all in influencing the women in every country to give abundantly of their knowledge, their tact, their experience, and their womanly instincts for the encouragement of this great cause.

I have willingly undertaken the editing of the reports, and have translated or condensed them where it seemed desirable. But I trust that any shortcomings will be regarded with leniency, as several of the reports were only received within a week or two of my departure for Canada, to attend the Quinquennial Sessions of the International Council of Women.

DR. MARIA M. OGILVIE GORDON,  
*Hon. Corr. Secretary.*

ABERDEEN, *May*, 1909.



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THE  
FORMATION AND GROWTH  
OF THE  
INTERNATIONAL COUNCIL OF WOMEN

BY

Mrs. OGILVIE GORDON,

D.Sc., Ph.D., F.L.S.,

*Hon. Corresponding Secretary, 1904-1909.*

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The International Council of Women is a federation of National Councils or Unions of Women formed in various countries for the promotion of unity and mutual understanding between all associations of women working for the common welfare of the community. The formation of the Council was due to a company of earnest American women, who, after consultation with friends in England and France, decided to convene a representative assembly of delegates from as many countries as possible at Washington, in 1888, to consider the possibility of organising International and National Councils of Women. It elected Mrs. Fawcett as its first President; Miss Clara Barton, of the Red Cross Society, as its Vice-President; and Mrs. Foster Avery as its Corresponding Secretary. According to the Constitution, the election of officers is made by ballot.

In 1893 the International Council accepted the invitation of the Women's Branch of the World's Congresses, held in connection with the Chicago World's Fair, to hold its first Quinquennial Meeting in Chicago. It was calculated that women workers belonging to over thirty different nationalities responded to this hospitable invitation, many of them being present in an official sense; and the result of this meeting of the International Council was that a large number of those present returned to their own countries pledged to form National Councils of Women in harmony with the Constitution of the International Council, and which, in process of time, should form part of that

Formation in  
1888.

First Quinquennial  
Meeting,  
Chicago, 1893.

body. At the meeting in Chicago, Her Excellency the Countess of Aberdeen was elected President, and Mrs. May Wright Sewall, Vice-President; Miss Teresa Wilson, Hon. Corresponding Secretary; Mme. Maria Martin, Hon. Recording Secretary; and Baroness Alexandra Gripenberg, Hon. Treasurer.

**Second Quinquennial Meeting, London, 1899.**

The second Quinquennial Meeting of the International Council was, owing to various circumstances, delayed for a year, and was held in London, 28th June to 5th July, 1899, when representatives of ten organised National Councils took part, as well as Vice-Presidents from several countries where Councils were in process of formation. In connection with the meeting of Council, an International Congress of Women was held in London, and the Countess of Aberdeen subsequently edited a series of seven volumes, comprising the Report of the Council Transactions and the addresses and papers delivered at the London Congress. A few copies of volumes of the series can still be had, at the price of 1 - a volume, on application to the present Corresponding Secretary—Address: 1 Rubislaw Terrace, Aberdeen, Scotland.

Mrs. May Wright Sewall, Indianapolis, was then appointed President of the International Council, and the Countess of Aberdeen, Vice-President. The other officers appointed were Miss Teresa Wilson, Hon. Corresponding Secretary; Mlle. Camille Vidart, Hon. Recording Secretary; Frau Schwerin, Hon. Treasurer. The post of Hon. Treasurer was afterwards assumed by Frä. Helene Lange.

The leading resolutions passed in 1899 at the London Meeting of the Council were as follows:—

**Information Bureaux for Women.**

That every National Council be recommended to form a Standing Committee of Information, with a Bureau of Information if possible, where statistics regarding the women of the country shall be collected and kept up to date. The business of this Committee or Bureau shall be to gather together and to give accurate information regarding the position, employment, education, pursuits, etc., of the women of the country, and to collect any further information required.

**International Congresses of Women.**

That the International Council of Women do not in future undertake the responsibility of organising International Congresses of Women, but that it do adhere to the arrangements for the management of its own Quinquennial Meetings, as set forth in its Constitution, leaving the organisation of International Congresses in the hands of National Councils who may desire to convene them.

That the International Council of Women do take steps in every country to further and advance, by every means in their power, the movement towards International Arbitration.

Peace and Arbitration.

That the National Councils of all countries be asked to consider the nature of the laws concerned with the domestic relations which exist in all civilised countries.

Laws concerning the Legal Position of Women.

Standing Committees of the International Council of Women were formed to guide the policy of the Council in support of Peace and Arbitration, and for the study of the Laws concerning the legal position of women in each country. A Press Committee was also formed to secure a wider circulation of Council news, and a Finance Committee in order to win pecuniary support. Mrs. Sewall was appointed Convener of the Committee on Peace and Arbitration; Baroness Olga von Beschwitz was appointed Convener of the Committee on Laws; Mrs. Willoughby Cummings, Convener of the Press Committee; and Fräulein Helene Lange, Convener of the Finance Committee.

Standing Committees.

The third Quinquennial Meeting of the Council was held in Berlin, 6th to 11th June, 1904, and was presided over by Mrs. May Wright Sewall. Nineteen organised National Councils were then on the roll. On the invitation of the German Council of Women, an International Congress of Women was held in Berlin at the conclusion of the business meetings of the Council. A report of this Congress was afterwards edited by Frau Stritt, President of the German Council of Women. (Published by Carl Habel, 33 Wilhelmstr., Berlin, S.W. 48. Price for I.C.W. members, 4 mk. 50 pf.; postage 1 mk. 35 pf.)

Third Quinquennial Meeting, Berlin, 1904.

Mrs. May Wright Sewall retired from the Presidency at the Berlin Meeting, and was made an Hon. President of the Council. It was resolved to enlarge the body of General Officers from five to seven, and those elected at Berlin were:—HER EXCELLENCY THE COUNTESS OF ABERDEEN (Dublin), President; FRAU MARIE STRITT (Dresden), 1st Vice-President; FRU ANNA HIERTA-RETZIUS (Stockholm), 2nd Vice-President; MME. JULES SIEGFRIED (Paris), 3rd Vice-President; MRS. OGILVIE GORDON (Aberdeen), Hon. Corresponding Secretary; MISS MARTINA KRAMERS (Rotterdam), Hon. Recording Secretary; Mrs. W. E. SANFORD (Hamilton, Ont.), Hon. Treasurer.

On the invitation of the Canadian National Council of Women, it was agreed that the Quinquennial Sessions of 1909 should be held in

Canada. It was also resolved that the Executive Committee should hold at least two meetings during each quinquennial period in addition to the business meetings to be held at the time of each quinquennial session.

On the application of the National Councils of Women in South Australia and Victoria for affiliation with the International Council of Women, the question was raised whether the numerical representation of delegates from Australia would not become too great if the National Council in each state were allowed to affiliate independently. And the delegates from the Australian and Tasmanian National Councils of Women were asked if they would confer together and arrange some form of federation between their National Councils, for the purpose of suitable representation on the International Council of Women.

The leading resolutions passed in 1904 at the Berlin Meeting of the Council were as follows :—

**“White Slave Traffic” and Equal Moral Standard.**

That the International Council of Women is earnestly requested to keep the question of the “White Slave Traffic” on the International programme till its end be accomplished ; that each National Council be asked to co-operate with every effort in their own countries for its suppression ; and that, considering that it is impossible to combat the “White Slave Traffic” as long as the state regulation of vice continues, all women unite to obtain the suppression of this odious system, which is an insult to all women, and strengthens the idea of a double moral standard for men and women.

**Women Suffrage.**

That this Council advocates that strenuous efforts be made to enable women to obtain the power of voting in all countries where a representative government exists.

**Special Committee on Nationalities.**

That a Committee on which each National Council shall have a delegate be appointed at this session to examine the question of political and racial representation.

**Revision of the Constitution and Standing Orders.**

That the Executive be instructed to form a special Committee to revise and simplify the Constitution and Standing Orders, and to report to the next meeting of the Executive.

**Interim Special Meeting of Council.**

The Countess of Aberdeen brought forward the desirability of convening a Special Meeting of the Council, in terms of Standing Order 3, before the next Quinquennial Meeting, in order to receive the reports of the Committee on the Revision of the Constitution, and to ratify any

amendments and additions; also to deliberate any scheme suggested by the Special Committee on Nationalities, or by the Australian National Councils for their representation, and enable action to be taken accordingly at the Quinquennial Meeting in Canada, and for any other urgent business that might be conveniently dealt with. This suggestion was discussed and approved.

New Standing Committees of the International Council were added to carry on the work that would arise in connection with the Suppression of the "White Slave Traffic" and the claim for Women Suffrage and Rights of Citizenship. Mme. Avril de Sainte-Croix was appointed Convener of the Committee on "White Slave Traffic" and Equal Moral Standard, and the Rev. Anna Howard Shaw was appointed Convener of the Committee on Women's Suffrage and Rights of Citizenship.

**International  
Standing  
Committees.**

Thus, at the close of the Berlin Quinquennial Meeting there were six Standing Committees of the International Council of Women—on Finance, Press, Peace and Arbitration, Laws concerning the Legal Position of Women, "White Slave Traffic" and Equal Moral Standard, Suffrage and Rights of Citizenship; and two special Committees—on Nationalities, and the Revision of the Constitution and Standing Orders.

By kind invitation of the Swiss National Council of Women, the proposed Interim Meeting of the International Council of Women was held at Geneva, in Switzerland, 1st to 4th September, 1908. The amendments and additions to the Constitution and Standing Orders were fully discussed, and a Revised form of the Constitution and Standing Orders was adopted, and ordered to be circulated in the three official languages of the Council—English, French, German.

**Special  
Meeting of  
Council,  
Geneva, 1908.**

The Report of the Special Committee on Nationalities was received; and the delegation of Australian and Tasmanian ladies submitted to the Council the results of their conferences on the subject of representation. These were unanimously approved, and were to the effect that the Australasian National Councils of Women agreed to combine for purposes of representation, and that a President and nine delegates should represent the Australian and Tasmanian Councils at future plenary meetings of the International Council of Women. In terms of the revised Constitution, a delegation of ten members, includ-

ing the President, is the number to be sent by each of the affiliated National Councils of Women.

**I.C.W. Badge.**

Specimens of Badges to be worn by the members of the Council were submitted, and the one adopted was a copy of an I.C.W. monogram brooch which had been presented to Miss Susan B. Anthony in recognition of her presidency at the time of the formation of the International Council in 1888. On the death of Miss Susan B. Anthony, her sister, Miss Mary Anthony, sent this historic brooch to Her Excellency the Countess of Aberdeen, with a request that it might be worn by successive Presidents of the International Council of Women.

**Twenty-two  
National  
Councils of  
Women.**

Two recently-formed National Councils of Women, in Bulgaria and Greece, applied at Geneva for affiliation with the International Council of Women and were accepted. The National Council of Women of Belgium had been admitted at an Executive Meeting in 1906. Thus the roll of the International Council numbers twenty-two National Councils of Women, or eighteen if the five Australian and Tasmanian Councils be counted as one, in accordance with its new system of representation on the International body.

The National Councils, in order of their affiliation, are those of the United States (1893), Canada (1897), Germany (1897), Sweden (1898), Great Britain and Ireland (1898), Denmark (1899), Netherlands (1899), Australasia [New South Wales (1899), Tasmania (1899), Victoria (1903), South Australia (1903), Queensland (1906)], Italy (1900), France, (1901), Argentina (1901), Switzerland (1903), Austria (1903), Hungary (1904), Norway (1904), Belgium (1906), Greece (1908), Bulgaria (1908).

*Every member* of these affiliated National Councils of Women *is a member* of the International Council of Women, and may attend its meetings, although only the official delegates have permission to vote. The I.C.W. Badge may be worn by any member of the International Council, and may be obtained from Messrs. Edmond Johnson, Limited, Jewellers, Dublin.\*

In Russia, Mme. Anna de Philosophoff, and in Finland, Baroness Alexandra Gripenberg, act as Hon. Vice-Presidents for the International Council of Women, and are taking measures for the formation of National Councils of Women in these countries.

**New Standing  
Committees.**

Recommendations have been made from the Executive Meeting of 1906 in Paris, and the Council Meeting of 1908 in Geneva,

\* The price of a Badge is, in silver, 6s. ; in metal or gilt, 3s. 6d. ; if enamelled in royal purple, white and gold (the colours of the International Council), 1s. 6d. extra on silver ; 1s. extra on metal, silver- or gilt-plated.



that two new Standing Committees be constituted at the forthcoming Quinquennial Sessions of the International Council of Women, to deal with Education and with matters concerning Public Health. These committees will in all probability be formed, and will greatly extend the scope of the Council's activities.

**Education  
and  
Public Health.**

During the Quinquennial period 1904-9 an Annual Report has been issued in connection with the work of the International Council. The Hon. Corresponding Secretary, Mrs. Ogilvie Gordon, invited an annual report to be sent her, in French, German, or English, from every National Council affiliated with the International Council of Women, also an annual report from the Conveners of all Standing Committees of the International Council of Women and from the chief office-bearers of the Council. These reports are then submitted to a meeting of the Executive or Sub-Executive Committee, and are approved for publication as the General Annual Report of the International Council of Women.

**Annual  
Report of the  
International  
Council.**

By this simple means the National Councils of Women in all parts of the world are being kept familiar with the leading movements and advances in each great country. As surely as something good originates in the National Council of any one country, it is embodied in the Report of the International Council of Women and read by active Council members in every other country.

The National Councils now look upon the International Council Report as a sure stream of information and inspiration, since although each country's report within it is limited in space, it is sufficient to indicate new and interesting developments, and further particulars may be readily obtained from the chief officers of the National Councils, whose addresses are carefully given in the successive reports. Each National Council receives 25 free copies of the Report, and copies beyond that number cost 6d. each, exclusive of postage.

Useful publications relating to the International Council of Women are the "Catechism,"—"What is the International Council of Women?" with answers by the President, and the "Constitution and Standing Orders" of the Council. These are published in the three official languages—English, French, German, and are circulated free among the affiliated National Councils and for propaganda purposes.

**International  
Council  
Pamphlets.**

By request of the President, the affiliated National Councils have during this quinquennial period prepared special reports on matters

**Special  
Report  
on  
Public Health.**

concerning Public Health in the respective countries. The Countess of Aberdeen set the lines upon which these reports should be drawn up, desiring special reference to (1) *care of infants and children*, (2) *housing of the people*, (3) *conditions under which working women carry out their work*, and (4) *measures in force against the disease of tuberculosis*. In her letters and speeches, the President has unceasingly kept before the National Councils of Women the claims of work for public health, and has by her own brilliant example in Ireland provided the strongest stimulus of all in influencing the women in every country to give abundantly of their knowledge, their tact, their experience, and their womanly instincts to this great cause.

The "Health" Reports sent by the National Councils of Women present a most valuable contribution to our knowledge of facts, and the general uniformity in the treatment of the subject renders it easy even for the uninitiated to carry away an accurate impression of what is being done in one country and another for the advancement of preventive medical science. The Reports have been compiled by the Corresponding Secretary in book form, under the title "Health of the Nations,"\*

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\* On sale at Toronto, price one shilling, or may be ordered from the publishers—Rosemount Press, Aberdeen, Scotland—postage 3d.

## La Santé Publique. Public Health.

Discours de Son Excellence la Comtesse d'Aberdeen  
donné à Genève le 2 Sept. 1908.

Address given by Her Excellency the Countess of Aberdeen  
at Geneva, 2nd Sept., 1908.

Il me semblerait que la question de "Quels sont les meilleurs moyens d'améliorer la santé des particuliers et du public" devrait éveiller un intérêt très considérable, surtout parmi les Femmes de chaque Pays! Et cependant, l'expérience a démontré que tel n'était pas le cas, bien au contraire. Le public semble se désintéresser totalement de ce sujet et, en règle générale, à moins que des questions de politique ou de personnes ne s'y mêlent, une réunion ayant à son ordre du jour la discussion de matières concernant la santé publique n'attirerait pas plus de monde que s'il s'agissait d'éducation!

Il semble que les individus ne se préoccupent de leur santé que sous l'action de la douleur ou de la maladie, et qu'il est nécessaire qu'une épidémie se soit déclarée pour que l'on songe à la combattre.

Quand ces cas se présentent, point n'est besoin de pousser les gens: chacun s'émeut et est prêt à combattre le fléau sous la direction des médecins. S'agit-il d'un cas individuel, on n'épargne ni ses peines, ni son argent pour bannir la souffrance et sauver sa vie.

Mais une fois les choses revenues à leur état normal, que la marche de l'épidémie ait été enrayée ou que le malade ait été guéri,

on oublie bien vite les anxiétés et les douleurs et on ne se préoccupe plus de la santé.

Il est étonnant de voir combien l'institution des hôpitaux est comparativement récente. Il en existait fort peu avant le dix-huitième siècle. Quant aux soins à donner aux malades, seules, pendant de longs siècles, quelques communautés religieuses s'en occupaient. Lors de la guerre de Crimée—il n'y a guère plus de 50 ans environ—il n'existait, en Grande-Bretagne, aucune école de garde-malades joint à un hôpital; et Florence Nightingale eut bien des difficultés à surmonter en apprenant elle-même à soigner les malades.

Maintenant, nous entrons dans une ère nouvelle: Dans ces dernières années, plusieurs Pays ont commencé à craindre que les jeunes générations ne soient pas aussi fortes et aussi vigoureuses que leurs devancières et on s'aperçut qu'il était grand temps de faire quelque chose pour enrayer la déchéance de la race.

En même temps, les triomphes remportés par le Corps Médical sur diverses maladies, dont on avait recherché l'origine et les causes, ne provoquèrent pas seulement la gratitude et l'admiration, mais démontrèrent que nombre de maladies, considérées jusqu'ici comme inévitables, pouvaient en réalité être prévenues par la simple observation des lois de l'hygiène.

Prenons, par exemple, la fièvre typhus: cette maladie faisait des ravages terribles il y a 60 ans, et causait en Irlande la mort de presque la moitié des médecins qui se dévouaient à la combattre. Aujourd'hui, les cas de fièvre typhoïde sont si rares que nombre de jeunes docteurs n'ont pas eu l'occasion d'examiner un typhique! Cette maladie, à la vérité, n'a pas encore tout à fait disparu des districts très pauvres et dépourvus de logements salubres, mais, dès qu'elle fait mine de se montrer, des mesures radicales sont prises immédiatement pour en arrêter la marche avant qu'elle ait pu se propager.

Il en est de même de la peste et de la fièvre jaune.

Je lisais dernièrement un compte-rendu extrêmement intéressant de la lutte sans merci, entreprise en 1905 à la Nouvelle Orléans,

contre une apparition de la fièvre jaune. Les hommes de science avaient démontré, sans hésitation possible, que l'épidémie était propagée par un certain moustique qui s'infectait dans les parties malsaines de la ville et qui se reproduisait dans les réservoirs et citernes contenant l'eau nécessaire aux besoins de la cité.

On fit appel aux citoyens—appel auquel il fut noblement répondu—pour combattre le fléau, et la lutte contre l'épidémie commença sous la direction d'une équipe, envoyée de Washington par le Service Fédéral de la Santé Publique.

Des mesures efficaces furent prises. Dès qu'une personne était atteinte, elle était immédiatement signalée aux autorités et soignée soit dans des hôpitaux d'isolement, soit chez elle. Puis, les citoyens furent organisés et enrôlés pour combattre l'épidémie. On donna des instructions sur la manière de procéder et chaque personne fut tenue de s'y conformer.

Les citernes et réservoirs furent recouverts de toiles métalliques, et une légère couche de pétrole fut répandue sur leur surface. Il était interdit de garder de l'eau dans des récipients non couverts. Des équipes de volontaires nettoyèrent les gouttières et tous autres endroits favorables à l'éclosion des moustiques; les ordures et les saletés furent emportées hors de la ville. Il se forma des "Clubs de nettoyage" qui veillèrent à la destruction des moustiques par des fumigations hebdomadaires et à ce que les maisons fussent tenues scrupuleusement propres.

Les différents Clergés se mirent de la partie et la lutte contre le fléau fut déclarée, dans les sermons, devoir religieux.

Comme toujours, la Presse prêta son concours dévoué, publia tous les jours des instructions et des rapports. Finalement, il devint évident pour tous que le succès était assuré si les combattants voulaient lutter jusqu'au bout. Le mot d'ordre qui soutint les courages et évita la panique était: "Ayez le sourire aux lèvres et la fleur à la boutonnière."

En fin de compte l'épidémie fut enrayée en un mois, et disparut complètement au bout de trois ou quatre mois!

Sur ma demande, les Conseils Nationaux des Femmes ont eu la bonté de me faire parvenir des rapports forts intéressants sur ce que les femmes des différents pays où nous avons des Conseils ont fait en matière d'hygiène. Ces documents sont pleins d'intérêt pour nos Associées. Ils concernent la lutte contre les ravages de la **mortalité infantile**, les soins à donner aux enfants, la campagne contre la **tuberculose**, l'éducation des instituteurs et des enfants des écoles en matière d'hygiène, **l'éducation** de toutes les femmes dans les sciences de la **tenue de la maison**, du choix et de la préparation des aliments et aussi de la propreté du "home."

Ils montrent que partout les questions de la santé publique sont à l'ordre du jour et que les femmes du monde entier se décident à s'occuper d'un devoir qui, indubitablement, est de leur ressort.

Lutte contre les ravages de la mortalité infantile—Institutions des "Goutte de Lait" et des "Consultations de Nourrissons"—repas offerts gratuitement aux Mères qui nourrissent leurs bébés—asiles recueillant les femmes avant leur accouchement pour qu'elles ne soient pas obligées de travailler jusqu'au dernier moment—soins à donner aux enfants de tout âge—inspection et visite des écoles par des médecins et des gardes-malades diplômées—écoles spéciales pour les enfants malingres ou infirmes—enseignement des lois de l'hygiène aux instituteurs, aux mères et aux enfants—indication de la valeur des différents aliments et de la façon de les préparer—la science de l'économie domestique et de l'hygiène devenue digne de figurer au programme des universités—efforts fait pour que toutes les classes de la population puissent se procurer des aliments sains et vraiment nutritifs—lutte contre les logements et ateliers insalubres—excellent système d'assurance contre la maladie, appliqué en Allemagne, en Amérique, et ailleurs—lutte contre la tuberculose, etc.—tels sont les principaux sujets traités dans ces rapports.

Il est certain que les femmes sont une grande force en matière de santé publique, force dont les docteurs et les autorités sanitaires se servent de jour en jour davantage, que le travail des femmes soit rémunéré ou volontaire.

Nous en voyons la preuve en Irlande depuis que le "**Women's National Health Association of Ireland**"—association qui compte environ 126 sections répandues sur tout le territoire de l'Ile, a été organisée. Dès le début, nous avons été assez heureuses pour obtenir le concours de toutes les classes de la communauté et nous avons été favorisées par le coopération personnelle et enthousiaste du corps médical et du clergé de toute dénomination.

Notre premier soin a été de lutter contre la tuberculose, sans pour cela négliger le combat contre la mortalité infantile. Dans ces dernières années, l'Irlande a terriblement souffert des effets de la tuberculose.

Les conditions de la vie matérielle s'améliorent dans ce pays, son agriculture fait d'énormes progrès, ses exportations augmentent et ses habitations sont bien plus saines que par le passé; cependant les logements insalubres, une nourriture insuffisante et misérable, la perte annuelle d'environ 30,000 jeunes gens par l'émigration, l'ignorance des dangers de l'infection et de la valeur du grand air ont fait leur œuvre de mort; et, sur une moyenne annuelle de 78,000 décès, près de 12,000 sont dûs à la tuberculose. Si nous ajoutons à ces 12,000 décès les 120,000 personnes—et c'est là un chiffre minimum—atteintes de la tuberculose, et par suite incapables de travailler, vous vous rendrez compte que cette maladie menace l'existence même de ce pays.

Il fallait en premier lieu apprendre au peuple quelle était cette maladie, lui faire comprendre qu'il était possible d'en prévenir les effets, que bien des cas étaient guérissables et que les anciens remèdes: grand air, aliments nutritifs et des maisons, des environnements sanitaires étaient les meilleures armes pour combattre ses ravages.

Ce qui précède fut exposé soit par les docteurs, soit dans des Livres Bleus, mais n'arriva pas à la connaissance des couches profondes de la population. Nous cherchions un moyen de donner au peuple une leçon de choses pratique quand nous apprîmes qu'une **Exposition Ambulante de la Tuberculose** avait donné d'excellents

résultats pour l'éducation des masses en Amérique, en Allemagne et ailleurs.

Nous essayâmes de ce moyen et le résultat fut simplement miraculeux. Depuis Octobre dernier, cette Exposition a visité plus de 67 districts irlandais ; des médecins renommés ont donné gratuitement plus de 300 conférences avec projections ; en plus de 1,000 petits discours, explications, démonstrations et conférences faites aux enfants.

550,000 personnes ont visité l'Exposition Ambulante et presque partout on a dû refuser des centaines de personnes, les salles de conférence étant trop exigües pour contenir tous ceux qui voulaient y assister.

Les personnes qui ont eu l'occasion de visiter l'Exposition de la Tuberculose dans divers endroits sont stupéfaites de l'intérêt soulevé par elle, d'entendre les auditeurs poser des questions pleines d'anxiété, de voir la joie illuminer leurs visages quand ils se rendent compte que non seulement leurs chers malades peuvent être guéris, mais encore que la maladie peut être arrêtée dans ses ravages en prenant simplement les mesures d'hygiène nécessaires.

Un changement presque miraculeux s'est fait dans ce pays en ce qui concerne l'ouverture des fenêtres : un docteur américain qui visitait dernièrement Dublin déclarait qu'il n'avait jamais vu tant de fenêtres ouvertes dans aucune autre ville !

Un haut dignitaire du Clergé disait à ses amis : " Il faudrait un tremblement de terre pour que les fenêtres s'ouvrissent dans telle et telle rue " qu'il nommait. Quelque temps après, il passait dans ces mêmes rues et constatait . . . que toutes les fenêtres étaient ouvertes. Et cependant aucun tremblement de terre n'avait été enregistré !

Et cela se fait partout à la ville comme aux champs. Des fenêtres qu'il était jadis impossible d'ouvrir sont ouvertes maintenant. Dans certaines maisons, on a tout simplement enlevé boiseries et verres des fenêtres ; on tâche de s'arranger pour que les poitrinaires disposent tout au moins d'un lit à leur usage personnel à défaut d'une chambre spéciale ; la question du lait pur est à l'ordre du jour ;



nombre de fermiers font subir à leur bétail l'épreuve de la tuberculine et un dépôt de lait pasteurisé vient de s'ouvrir à Dublin. Des infirmières spécialisées dans la tuberculose ont été engagées ; dans divers districts on construit des sanatoria et partout on fait son possible pour soigner les malades sérieusement atteints.

Les enfants se montrent d'excellents missionnaires en répétant à leurs parents ce qu'on leur a appris à l'Exposition, en demandant que leurs fenêtres restent ouvertes, en réclamant du lait et du porridge au lieu de thé et de pain, etc.

Et mieux que tout, ce mouvement contre la tuberculose contribue à resserrer les liens entre Irlandais. Toutes les croyances, toutes les classes s'unissent pour lutter—fait rare en Irlande et qui aura les plus heureux résultats. Tous sont prêts à s'associer pour ce travail et à faire tous les sacrifices.

Mais je ne dois pas m'étendre davantage au sujet de ma chère Irlande, quoi que j'aie encore bien des choses à dire.

Cependant la leçon est bien claire ainsi que celle de la Nouvelle Orléans ! dans toutes les luttes pour la santé publique, il nous faut :—

- 1<sup>e</sup> Des informations certaines sur les origines et les causes de la maladie à combattre ;
- 2<sup>e</sup> des instructions bien définies sur ce qu'il y a à faire et données par des personnes ayant la confiance du public ;
- 3<sup>e</sup> une organisation efficace assignant à chacun son devoir ;
- 4<sup>e</sup> la coopération de toutes les classes de la communauté qui doit être déterminée à vaincre et qui doit avoir une foi absolue dans son triomphe définitif.

Un pareil sujet *doit* intéresser directement tous les Pays, qu'ils soient en progrès ou en retard, il unit dans un brillant effort toutes les classes de la communauté et, appuyé sur les vrais principes, il donne au travail de la tenue de la maison par les femmes une dignité et une élévation qui, en elles-mêmes, ne pourront que produire un bien infini.

Une femme peut se fâcher si on lui dit de tenir sa maison proprement : elle considérera cette observation sous un tout autre angle si elle se rend compte que, en prenant cette peine, elle éloignera la maladie de ceux qu'elle aime ; et la femme qui ne se donnerait pas le mal de cuire convenablement les aliments pour le simple plaisir des siens le fera si elle comprend qu'en leur donnant une bonne et saine nourriture, elle leur donne en même temps la force de résister aux assauts de la maladie et de réussir dans la vie.

Ceci n'est que le côté purement personnel de la question, mais il y a aussi à considérer le devoir, si cher à tous, envers la patrie. Et nous savons que **la nation qui compte le plus grand nombre d'hommes et de femmes sains de corps, d'esprit et d'âme, est aussi celle qui est la plus grande.**

Il s'agit là d'une compétition internationale que nous devons favoriser et qu'il est surement du devoir du Conseil International d'encourager, dans la mission toute maternelle qui est la sienne.

Nous sommes impatientes d'entendre la lecture des rapports des déléguées de chaque pays qui doivent nous être présentés aujourd'hui. Nous espérons qu'il nous sera possible de trouver le moyen d'imprimer et de faire circuler les informations ainsi obtenues, ainsi que celles qui figurent dans les précédents rapports.

J'espère que l'Assemblée Quinquennale de notre Conseil International de Femmes nommera une Commission d'Hygiène Permanente dont le devoir sera de réunir de temps à temps les informations sur tout ce qui se fait, en matière d'hygiène, dans les différents pays, de les publier et de les faire parvenir à tous nos Conseils.

Mes chères amies, je suis sûre que cette entreprise nous offre une grande occasion de faire le bien. Elle fait appel à nos cœurs de Mère et elle réservera encore davantage les liens qui nous unissent dans notre haute, sainte mission pour le bien du monde.

## United States.

National Council of Women.

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### Report on Public Health,

BY

KATE WALLER BARRETT, M.D., D.Sc.

A remarkable forward step has been taken in regard to the protection of public health in the United States. The most important and far-reaching of these movements has been the recent Government enactments in regard to the Public Food Laws. These Laws are exceedingly good, and are being rigorously enforced under the direction of the United States Department of Agriculture, Bureau of Chemistry. A letter from this Department, dated 30th July, 1908, says:—

“ We feel that we have accomplished much in the enforcement of the Food and Drugs Act, although the greater part of our attention has been given to organisation. We have found it necessary to select, appoint, and train a full corps of assistants, including inspectors and clerks. The work is new. The law, for many reasons, especially because of its connection with the inter-state shipment of foods and drugs, differs in the machinery of its enforcement from any of the state laws, or from any other law of which I know. We have been very fortunate in the selection of our assistants. All have taken hold readily, and, as I said before, much has been accomplished.

“ I am not in a position at this time to give you definite figures regarding our results. Such figures would be of little value if I could, for statistical information of this nature means but little. Thousands of samples have been taken and examined in the laboratory, however. Hundreds of hearings have been held, and a

large number of cases are in the hands of various district attorneys. Only one criminal case has really come to trial. This one was vigorously fought, but we won. All of the other criminal cases thus far that have been brought to issue have pleaded guilty.

"A number of seizures have been made of foods shipped in violation of the law, and in all cases the Department has received a verdict.

"The great advance that has been made, however, is in the moral influence of the law. Almost all manufacturers immediately prepared to comply with its provisions. The character of the labels has been very greatly changed, and much progress has been made in the composition and manner of preparing foods themselves.

"Still more difficulties were encountered in connection with the enforcement of that portion of the law as relates to drugs, as it was even more difficult to secure chemists experienced in this line of work than in the case of foods. An equal amount of progress in this line is being made, however."

The United States has no National Board of Health, as many other nations have, but a Bureau of Public Health, under the very efficient guidance of General Wyman, which has done most creditable work in regard to both national and international quarantine laws, thus limiting the spread of yellow fever, smallpox, cholera, and typhus fever. The same Bureau also inspects all immigrants, and rejects those physically unfit to enter.

The next most important movement is in the educational, preventive, and curative measures taken in regard to Tuberculosis. A wave of popular interest has been aroused, and is being effectively used to stamp out this dread disease. Almost every city has its association for the purpose. The Press has freely given its help, and already great progress has been made. According to recent statistics for the entire area of the United States, the death-rate from all forms of the disease was 186.6 per 100,000 of the population.

The National Council of Women has not been behind in this movement, but has appointed a strong standing Committee on Health, which at the present time is engaged in collecting and distributing information upon the prevention, care, and cure of tuberculosis. A pamphlet published by Dr. Susan Rose has done very good work in stating, simply and clearly, directions for preventing the spread of tuberculosis.

A kindred work to that of National Health, and to which I hope

the National Council of Women will devote itself during the next year, is to assist in a movement to get Congress to order the taking of a census of all crippled and deformed children in the next general census. When the facts in regard to these helpless little ones are known, steps can be taken to help them to become useful, self-supporting citizens. Many of them are tuberculous, and themselves victims of infection. Sent to the public schools, they are a menace to healthy children. More than 91 per cent. of 3,418 deformities treated in New York city in 1903 were acquired deformities, not existing from birth. Of the acquired deformities, one-third were tubercular, infected after birth—more than 30 per cent. of all treated. This urges isolation of the infected, to prevent infection of the well.

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### INFANT MORTALITY.

The death-rate of children under the age of one year is reported through various medical journals to be on the decrease, owing possibly to the teaching of better hygienic measures among the parents, but, I think, mainly owing to the pure-milk agitation. A great many of the larger cities have established the district nursing system, giving instruction and help to the parents in caring for young children.

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### THE TEACHING OF HYGIENIC AND DOMESTIC SCIENCE.

This is required by many School Boards. Health reports show that this is not enforced as it should be. Every report from investigators shows advancement in the medical inspection of schools and school-children, and parents and newspapers are agitating greatly for safer and more hygienic school-houses. The mental immaturity of school-children should be more fully realised by both parents and teachers.

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### WOMEN AND CHILDREN IN INDUSTRY,

BY

FLORENCE KELLEY.

The significant fact concerning women in industry in the United States is the almost universal usage that working men support their

wives and young children. The exceptions to this rule are the cigar trade, the textiles, and the sweated needle trades. In these three industries marriages are contracted with the understanding that the bride is to continue to earn money.

There are, according to the U.S. census of 1900, over 5,000,000 women and 1,750,000 children engaged in gainful occupations, including agriculture and domestic service, and the portion of the working class which made the largest growth in numbers between 1890 and 1900 consisted of young girls, between 16 and 21 years of age, engaged in retail trade and clerical work—persons too young to defend their own interests, either by trade organisations or by the use of the ballot. It is in view of these facts that the National Council of Women, the National Women's Trade Union League, and the National Consumers' League are asking Congress to make a special investigation of the work of women and children. This was proposed, some years since, to President McKinley, to Hon. Carroll D. Wright, Commissioner of Labour, and to his successor, Mr. Cortelyou. No action was taken by them, and the idea was dropped until 1905, when Miss Jane Addams presented it to President Roosevelt, who has vigorously promoted it.

The National Child Labour Committee has had introduced into Congress a bill for Children's Bureaux in the Federal Government, and also for compulsory education in the district of Columbia, in which is the city of Washington, capital of the United States. Thus, women and children, in their industrial capacity, are before Congress as never before. Four bills in their interest are now pending, and will doubtless be enacted before 1910.

### Wages.

Wages of women in domestic service range from two dollars a week (for inexperienced young girls employed for "all work," in families in which the mother also works and the servant eats her meals at the family table), to forty dollars a month for skilled cooks in families in which many servants are employed. In manufacture and commerce, wages range from six dollars a week up and down. A minority of skilled workers earn more than this. Young workers, under 18 years of age, earn less. The Consumers' League of New York City asks all merchants on its White List to pay six dollars a week to women employed in their stores who are 18 years old

and have one year's experience as sales clerks. No other requirement of its standard is so hard to enforce as this. No other demand excludes so many merchants from the White List. Yet wages are higher in New York than anywhere east of Colorado. Moreover, no girl can live in New York upon less than six dollars a week. If a girl who earns less lives with her family, they make good her deficit, and the merchant is a parasite living upon the families of his employees. If a girl employed in manufacture or commerce, earning less than six dollars a week, lives away from her family, she falls either into vice or into bad health from insufficient food and bad sleeping accommodation. Both these results arise continuously on a vast scale. Vice and tuberculosis find never-ending processions of recruits among underpaid wage-earning girls.

### **The Sweated Needle Trades.**

Wages are at their worst in the sweated needle trades. No person who works at home in a tenement house (in a great city) earns a living wage in these trades. The sweating system reaches its most complete and terrible development in New York, by reason of the vast immigration to that city, and also by reason of the tenement system, which crowds the maximum possible number of persons under one roof. Hence, legislation aimed at the control of the sweating system is more advanced in New York than elsewhere. No one may produce goods intended for the market in any room in a tenement unless the whole building is first licensed by the Department of Labour. This law is enforced with great rigour, and work is undergoing a process of concentration in approved houses. This method of combating the sweating system marks a distinct advance, and is worthy to be copied.

The next step in New York will doubtless be the sweeping prohibition of work in the tenements, enacted in the interest of the public health, including both the workers and the consumers of the goods. The effect of this will be to compel manufacturers to provide workrooms and factories for all their employees, thus freeing for domestic uses the kitchens and bedrooms now invaded by industry. Men and girls who now work in kitchens, cellars, and garrets, will go forth to factories. Women who cannot leave their homes will cease to earn the pittance which now serves, not to support them, but merely to convince the relief

societies and churches that the recipients are worthy, being willing to work for pay, however trivial. The burden upon the charitable agencies, however, will not be seriously increased. For trades which now pauperise all who are engaged in them—men, women, and children—will then have to retain their employees by paying decent wages or lose the employees, and the able-bodied men and girls will be able to take care of their dependent relatives, as the machinists and electricians do now.

This is the obvious next step in legislation for industry in America, the greatest benefaction possible at this moment to the women workers in the metropolis.

### Hours of Labour.

The United States is the only country in which a court has held that the hours of labour of women in industry can not be regulated by law. The Supreme Court of Illinois so decided in 1895. Although this decision is binding only within the state of Illinois, yet, since it was promulgated, no progress has been made in any state towards prohibiting work at night, except for boys under 16 years of age and girls under 18 years. This restriction is in force only in Ohio, where girls under 18 years of age cannot legally be employed after 7 p.m. in any gainful occupation. This statute was adopted as the standard by the National Council of Women at its 16th annual session, recently held at Toledo, Ohio; and concerted effort is made to induce all the 52 states and territories to accept it. The resolution is as follows:—

“Whereas, there are in the United States adult men and women amply able to carry on all work in manufacture and commerce which requires to be done after 7 o’clock at night; and

“Whereas, in the interest of the public health and morals, it is not well that boys and girls should work at night; therefore, be it

“Resolved, that the National Council of Women of the United States view with approval the Ohio statute which prohibits the employment of boys under 16 years of age, and girls under 18 years, after 7 p.m.; and

“Resolved, that the Council requests the national organisations affiliated with it to bring, through their local branches and constituent bodies, this excellent statute to the attention of the Legislatures of all the states.”



Four states disregard the precedent of the Supreme Court of Illinois, and prohibit work at night for women. These are Massachusetts, New York, Indiana, and Nebraska. In New York, although the law has been upon the Statute book for 20 years, a case arising under it is now, for the first time, being tried, and the constitutionality of the statute tested. No one can foretell how this case will be decided. The Attorney-General of the State of New York has, however, filed a brilliant and able brief in support of the law. If the Court of Appeals of New York sustains this law, the long paralysis following the Illinois decision (from 1895 to 1906) will be at an end, and a widespread and vigorous movement for the short working day, and the prohibition of work at night, will doubtless arise in all the industrial states.

While the American Federation of Labour endorses, at every annual convention, the principle of the enfranchisement of women, it perceives the obvious, cruel folly of waiting for the achievement of this reform before striving to prohibit night work and restrict the hours of labour for women. Enlightened men and women of all classes strive for both measures at once, for obtaining for women the fullest use of the ballot, and for restricting their working day in the interest of their health and that of their children.

The Advisory Board of the Industrial Committee of the General Federation of Women's Clubs has sent to 1,000 clubs the following circular, signed by Jane Addams, Maud Nathan, Mary Morton Kebew, Edith M. Howes, Jean Hamilton, and Florence Kelley:—

“To all State Federations and Federated Clubs.

“The Industrial Advisory Committee of the General Federation of Women's Clubs submit for your consideration the following resolution:—

“Whereas, the number of wage-earning women and girls in the United States is now more than 5,000,000, and is rapidly increasing;

“Whereas, wage-workers who are disfranchised are at a serious disadvantage in the industrial world, without the protection and power that the ballot gives;

“Whereas, the American Federation of Labour has perceived this, and for many years has endorsed the enfranchisement of women as a necessary step in their industrial advancement;

“Therefore, this Committee, standing in an advisory capacity to the General Federation in all matters relating to industrial conditions of women and children, urge upon the General and State

Federations, and Women's Clubs affiliated with them, the duty of endorsing the principle of **equal suffrage for women**, and the advisability of taking such action in securing state laws and amending municipal charters as should give to the working women of the country the needed protection of the ballot."

## PREVENTIVE HYGIENE AND TUBERCULOSIS,

BY

**Dr. ELIZABETH M. HOOPER.**

A new era has come in medicine—the age of cosmopolitanism; the world has become a single country. The knowledge of every advance along any scientific line is immediately distributed for the benefit of mankind, and mankind is fully awake and ready to receive and assist in the great work of advancement. The future will be the age of preventive medicine, and we may come to the point of view of the Chinese, who pay their physicians so long as they remain well, and deal summarily with them when illness overtakes them.

The extension of our knowledge of the causative agents of the acute infections has led at once to the study of the laws of immunity, and opened up new lines of treatment with the various antitoxines. There is no longer the belief of the ancients that diseases are manifestations of the evil eye, but we are learning nature's laws, and realising the penalties of ignoring and disobeying them.

Conservative authorities estimate that 85 per cent. of deaths from typhoid fever in the United States could be easily prevented, and that for each life saved from typhoid fever two or three lives are saved from other diseases. Even if these estimates are too great, the preventable deaths would still be a large percentage. In his December message, President Roosevelt said:—

"It is highly advisable that there should be intelligent action on the part of the nation on the question of preserving the health of the country. The dangers to public health from food adulteration and from any other sources, such as the menace to the physical, mental, and moral development of children from child labour, should be met and overcome. There are numerous diseases which are now known to be preventable, which are nevertheless not prevented.

The recent International Congress on Tuberculosis has made us painfully aware of the inadequacy of American public health legislature. This nation cannot afford to lag behind in the world-wide battle now being waged by all civilised people with the microscopic foes of mankind; nor ought we longer to ignore the reproach that this Government takes more pains to protect the lives of hogs and cattle than of human beings. The first legislative step to be taken is that for the concentration of the proper bureaux into one of the existing departments. I therefore urgently recommend the passage of the Bill, which shall authorise a redistribution of the bureaux which shall best accomplish this end." (The Bill is in the hands of a sub-committee of the House at the present time.)

The different political parties adopted planks in favour of a National Department of Health, and President Taft, in his letter of acceptance, said:—

"I have long been of the opinion that the various agencies of the National Government established for the preservation of the national health scattered through several departments should be rendered more efficient by uniting them into a bureau of the Government, under a competent head, and that I understand to be, in effect, the recommendation of both parties."

In the legislature of many of the States, increasing interest in public health, and its protection and regulation by the State, is marked. Bills providing for sanatoria, dispensaries, camps, etc., for the treatment of tuberculosis in all stages have been introduced also.

"Every other day sees a sanatorium, association, or dispensary for the treatment or prevention of tuberculosis established in this country" is a statement issued by the National Association for the Study and Prevention of Tuberculosis.

During September and October, 1908, sixteen associations, ten sanatoria, and five dispensaries were started or provided for in the United States. The stimulus for this wave of philanthropic endeavour has been largely the result of the recent International Congress on Tuberculosis.

In Boston, the death-rate from tuberculosis was reduced from 21.70 to 18.46 per ten thousand, and in New York it is estimated that three thousand lives are saved annually to the city, largely through the efforts of the local associations. Chicago has a similar record.

The fraternal insurance societies have already undertaken this campaign. They have, in several societies, established sanatoria, and the medical section of the National Fraternal Congress are already working for a National Tuberculosis Sanatorium. The campaign in the United States is usually dated, and with justice, from the foundation in 1885 of the Adirondack Cottage Sanatorium, at Saranac Lake, New York, by Dr. Edward L. Trudeau.

Practically all the larger cities of the United States have now adopted notification regulations, and provide for the free examination of sputum, although the enforcement of these rules leaves much to be desired. The statistics of the National Association for the Study and Prevention of Tuberculosis, under date of August, 1908, shows one hundred and ninety-five special associations affiliated with the National Association.

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### HOSPITALS, ETC.

In the United States the following States care for advanced cases only: Alaska, Georgia, and Tennessee.

For incipient cases: Delaware, Kansas, Maine, and South Carolina; for men only: Vermont and Wisconsin.

All other States are well provided with hospitals in which the three classes (incipient, moderately advanced, and advanced), also incurable cases, are taken in different hospitals.

Baltimore has a hospital for children with non-pulmonary tuberculosis; Nebraska has two hospitals for surgical tuberculosis cases only; New York State leads in the number of hospitals.

All State hospitals for the insane, and penal institutions, are making special provision for inmates with tuberculosis. In addition to these, all the States have dispensaries, or special departments connected with the hospital, with particular medical staffs and separate hours, for tuberculosis patients.

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## Canada.

### National Council of Women.

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## Report of Committee on Public Health,\*

Originally prepared in 1906 by **Miss E. Ritchie**, Convener, and condensed and brought up to date (April, 1909) by **Dr. Grace Ritchie-England**.

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### HEALTH OF CHILDREN.

#### Infantile Mortality.

Owing to the fact that statistics on mortality are often imperfect, and in many places in Canada are wholly lacking, it has been found impossible in most cases to obtain accurate information as to the rate of infant mortality. It is generally stated to be decreasing. It does not seem to be high in comparison with other countries.

#### Schools.

Almost all the Local Councils report that the schools are clean, well ventilated, and sufficiently heated in winter, and the conditions of school life seem to be, on the whole, favourable to health, though certain improvements in matters of detail are suggested in some cases. Medical inspection of school-children has been introduced in Vancouver, Montreal, and Halifax, and efforts are being made to secure it in Toronto.

In many parts of Canada child labour is employed in factories and shops (though very young children do not seem to be so

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\* Each of the Local Councils having been invited to appoint a member of this Committee, a number of them did so, and to each of the ladies a set of questions relating to public health was sent, to serve as a basis for their investigations. It is mainly from the answers to these questions that the present report is made up.

employed). The laws for the regulation or prohibition of such labour are often evaded by employers and parents, and the public conscience needs to be aroused to the evils that must ensue from depriving young boys and girls of schooling and of the rest and recreation necessary to a healthy development of mind and body. In the larger towns insanitary houses, lack of proper playgrounds, and, in winter, insufficient clothing, are injurious to physical well-being. The ignorance of mothers as to the feeding and care of infants and young children is a cause of much disease. The Children's Aid Societies are doing good work for the health and well-being of otherwise neglected children, and various philanthropic agencies are endeavouring in different ways to provide for the wants of the poorer part of our juvenile population.

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### **HEALTH OF WORKERS IN FACTORIES, SHOPS, ETC.**

There seems to be hardly any city or town (except those in Ontario and Quebec) which has its factories, shops, etc., thoroughly inspected in such a way as to safeguard the physical well-being of the employees. There seems to be no doubt that such inspection is urgently needed, and that the health of women and children especially is often now sacrificed to the unhygienic conditions of factories and workrooms. Where unorganised labour is employed, the work hours are often too long for health, and such prolonged work is particularly injurious in the case of young girls and boys. There is, comparatively speaking, little labour carried on in Canada which from its nature is productive of disease, and a large part of the population is employed in agricultural and other outdoor occupations which are favourable to health and strength; yet there is certainly need for much more careful oversight of the conditions under which labour, especially that of women and children, is carried on in our manufacturing industries.

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### **HOUSING OF THE POORER CLASSES.**

As a rule, it may be said that this generally is good in the case of the rural population and bad in the larger towns and cities. In the latter overcrowding, dirt, damp, bad or insufficient drainage,

insanitary plumbing, ill-kept backyards, and roofs out of repair, are evils as common as they are fatal to all that is decent and wholesome in life. The Local Councils seem to be alive to the need of rousing public sentiment in relation to this subject. In several cities efforts are being made to introduce a new and better type of tenement houses, and also to provide for the inspection of all dwellings and the condemnation of such as are unfit for occupation. Most of the cities and towns are found to possess a good and sufficient supply of pure water. Various charitable organisations, as well as many philanthropic individuals, are doing what they can to improve the physical as well as the moral environment of the poorer part of our population; but the problems are many and difficult, and demand the best thought and the most earnest efforts of all good citizens.

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## CARE OF THE SICK, PREVENTION OF DISEASE, ETC.

As a rule, in the cities and larger towns there is adequate hospital accommodation for the needs of the people, but in the small towns there is often a lack of cottage hospitals. District nursing is in many places carried on by the Victorian Order of Nurses, who minister with skill and devotion to the sick poor, and scatter much valuable information as to the care of the sick and of children in the homes they visit. Where medical inspection of schools exist, it has been suggested that nurses also be appointed to assist the physicians and, if necessary or advisable, visit the homes of the pupils.

Much more care is now being taken for the prevention of the spread of infectious diseases than was formerly the case. In regard to tuberculosis it is regrettable that there is still much ignorance among the less educated classes of the contagious character of this disease, and also of the value of fresh air, sunshine, and nutritious food in its prevention and cure. Dispensaries and sanatoria on modern principles have already been established in some localities, and are doing good work. During the last few years signs of a general awakening in regard to the vital importance of the whole question of tuberculosis have begun to be apparent: meetings are being held, lectures given, pamphlets distributed, anti-tuberculosis leagues formed or aroused to new and greater efforts, and in this work the National Council of Canada and the various Local Councils

are taking an active part. But this is but the beginning of a vast, continuous campaign which must be carried on if victory over this mortal enemy of humanity is to be finally won.

It is difficult to generalise in regard to the public health of such a country as Canada, and the limited number of the centres from which reports have reached us may to some extent invalidate any conclusions we draw. The conditions prevailing in towns differ from those of the country districts; and the population of the West, made up as it is very largely of immigrants from all parts of Europe, is entirely unlike that of the eastern portion of the Dominion. On the whole, it appears that the health conditions are bad in the slums of the larger cities, where the problems we have to face are the same in kind as are to be met with in European centres of population. The health of the rural population is good. The climate of Canada is almost everywhere healthy, and, in the older portions of the Dominion at least, the people are of a vigorous and rugged stock. Farming, ranching, lumbering, fishing, all typical Canadian industries, are conducive to health and strength. Except among the poorer city population, good air, comfortable houses, and plenty of nutritious food are within the reach of all who are willing to work. These are the fundamental conditions of a healthy physical life, and this is for the most part characteristic of our country. But to maintain this high standard of bodily efficiency and to eliminate those exceptions to it which come indirectly from economic changes, immigration, and the tendency everywhere apparent in modern life to segregation in large centres of population, is a most important work, and one which demands the thoughtful co-operation of every patriotic Canadian.

The following is a synopsis of the results of the investigation, arranged in order of provinces. The provinces from which reports (5) were sent were Nova Scotia, New Brunswick, Quebec, Ontario, and British Columbia.

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## **Nova Scotia.**

### **Halifax.**

The rate of infant mortality is probably decreasing. The sanitary state of the schools is good, and there is regular medical inspection of schools. Better playgrounds are very much to be



desired, especially in the more densely populated parts of the city. The insanitary condition of many of the poorer houses is responsible for much ill-health among children, as is also the ignorance of parents in regard to the care of infants, the feeding of children, the need of fresh air and cleanliness. Bad cooking is another evil which might be remedied by teaching girls and women economical and wholesome methods of preparing food. There is little child labour here seriously prejudicial to health, though, owing to false statements as to age, children are employed in shops and factories who ought to be attending school. Factory inspectors have recently been appointed. The housing of the poor is far from satisfactory: there is overcrowding, and many houses are in a most insanitary condition. The Board of Health has authority to inspect, and, when necessary, to condemn tenements, but there is no systematic inspector, and "condemned" houses often continue in use. The water supply is good. Hospital accommodation is limited. There is no hospital for incurables nor for convalescents, but a children's hospital is to be built this year (1909). The nurses of the Victorian Order care for the poor sick in their own homes, but women employing midwives at childbirth cannot have these nurses, as they work only under physicians. There is no maternity hospital. No provision is made for nursing minor infectious cases among the poor. The laws relating to infectious and contagious diseases are good, and fairly well carried out. During the past year much interest has been taken in the matter of public health. An anti-tuberculosis crusade is in progress, and other reforms are being introduced by a live Board of Health. There is one sanatorium for tuberculous patients in Nova Scotia.

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## **New Brunswick, 1909 (new report).**

### **St. John.**

Since the last Health Report was forwarded, in 1906, infant mortality has been steadily decreasing in our city, owing principally to the stringent laws passed by the Board of Health two years ago regulating the sale of milk. These regulations provide that every licensed vendor of milk in the city of St. John shall once a year deliver to the Board of Health a statement containing his name and address, the source of his milk supply, and the situation of his

dairies. He must also report any case of contagious disease in his family or in the farmhouses or shops from which he jugs his milk. Also, that railway cars, or other conveyances used for delivery of milk, must be kept properly cleansed, etc., etc.

A great improvement is noticeable in the housing of the poor: within the last few years the Board of Health has had removed many "outhouses" from backyards, and has made it obligatory on the part of landlords to substitute indoor sanitary closets, with modern plumbing. Both the nurses of the Victorian Order and the members of the Associated Charities are valuable aids towards improving the condition of the poor in St. John.

In the matter of recreation the children of the city have been carefully looked after. During the past three years supervised playgrounds have been in operation, established by the Local Council of Women, and in charge of competent instructors of kindergarden work, physical drill, etc. The benefit derived from these playgrounds has been so apparent that the Board of School Trustees has under consideration the advisability of establishing them as part of the school system.

Added to this, the city has provided skating-rinks for the children, and has set apart streets to be used for coasting, under police supervision.

Following upon the passage by the New Brunswick Legislature of the Factory Act, a factory inspector was appointed, and last year the appointment was made of a "truant" officer, with the result that few children, if any, are to be found under fourteen years of age working in factories. A compulsory Education Act is also in force. There is adequate provision for the care of the sick, by means of hospitals, maternity homes, and the Victorian Order of Nurses.

The water supply has undergone within the past two years such improvements that it has been brought almost to a state of perfection. Our public schools are amply supplied with pure water, and up-to-date sanitary plumbing is in use.

At present in St. John there is a strong agitation tending towards the suppression of tuberculosis and the best means of instructing the masses as to its prevention. It is probable that in the near future a provincial sanatorium will be established in New Brunswick. In the meantime pamphlets have been distributed freely among all classes, containing printed instructions for those patients already afflicted and precautions necessary for those in

attendance on such patients, also setting forth the benefit of fresh air and hygienic surroundings.

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## Province of Quebec.

### Montreal.

The rate of infant mortality, though very high, appears to be slightly decreasing. Most of the schools under the Protestant Board are properly ventilated, but in many of the other schools ventilation is very defective. The provincial laws relating to labour are good; the restrictions, on the whole, are well enforced, but there should be more and better-paid inspectors and the hours for women and children should be shortened. The Provincial Inspector favours an educational standard for admittance. Compulsory education is much to be desired. Conditions injurious to the health of the young, in the city especially, are—poor housing, bad ventilation, overcrowding, dirt, extremes of heat and cold, and bad food. There is great ignorance in regard to the care of infants. Much of the milk used by the poor is twenty-four hours (or more) old. In some parts of the city there are not enough squares or open spaces for children to play. The Parks and Playgrounds Association does an excellent work in maintaining during the summer months supervised playgrounds in some of the open spaces for the children of the poorer classes, but are much hampered by lack of sufficient funds, being almost entirely dependent on public subscriptions for the carrying on of this work. In Montreal medical inspection of children in the schools has recently been introduced. Many charitable organisations are trying to improve conditions affecting the physical well-being of the young.

Provincial legislation relating to the "inspection of industrial establishments and public buildings" is good, its provisions are well carried out, and in Montreal the women inspectors are doing splendid work. Hours of work are too long in cases of street railway conductors and motormen, and sometimes in that of railway employees, such as conductors, brakemen, firemen, and engineers. Women in shops have too long hours, especially when they have to stand most of the time, and the legal working day for children and young girls is too long. In regard to the safety of workers in mills

and factories there is need for such legislation as will compel the employer to make use of the proper special appliances to prevent accidents.

The **Housing** of the poorer classes in Montreal should be improved. The legislation in regard to the inspection of tenements is inadequate and there are not enough inspectors. The water supply is only fairly good, and it is hoped that a filtration plant may be introduced before long.

There are many hospitals, including maternity hospitals and two for contagious diseases, and the laws relating to the latter are good and well enforced. There is not sufficient hospital provision for incurables and convalescents, and none for inebriates. There is no place for patients in the curable stage of tuberculosis. The Montreal Anti-Tuberculosis League is doing a good and much needed work, and last November (1908) held a most successful and largely attended Anti-Tuberculosis Exhibition. Many thousand school-children were taken there and conducted through the exhibition, and listened to illustrated lectures especially prepared for them.

A modern, well-equipped Anti-Tuberculosis Dispensary has recently been provided for by a generous member of the League, and will shortly replace the former dispensary. A Civic Improvement League, an outcome of the Anti-Tuberculosis League, is in process of formation, and its inaugural meeting is to be held this month (April, 1909), under the patronage of His Excellency the Governor-General.

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## Ontario.

Reports were received from seven of the Ontario Councils, namely, Toronto, Ottawa, Kingston, London, Port Hope, Ingersoll, and Lindsay. The rate of infantile mortality is decreasing. In Toronto efforts are being made to improve the milk supply; in Ottawa the Board of Health is very vigilant in regard to milk inspection, the cows and byres being regularly inspected and the milk tested, with a consequent marked improvement in the general supply. The schools are in good sanitary condition, and education is compulsory up to the age of fourteen, but in many cases this law is evaded. Toronto, Ottawa, and Kingston all recommend the

introduction of medical inspection of school-children, and active efforts are being made by the Toronto Council to secure it in that city. London reports great improvement in the public schools, and rejoices over the establishment of a fully-equipped playground, which is largely due to the work of the Local Council. The School Board now purpose having properly equipped playgrounds in connection with every school in the city. Last summer a free swimming pool, with proper supervision two days a week (one day for boys and one for girls), was provided; the river thus became a source of health and pleasure, instead of a menace to life.

### Child Labour.

In the smaller places child labour does not exist, but in the larger cities children are to be found in nearly all the factories. The provincial law puts the age limit at fourteen, but evasions occur. For shops the limit is ten years, and children as young, and younger, are found in department stores and in domestic service. There is an efficient system of factory and shop inspection, and the laws are adequate but in some places not strictly enforced: the inspectors' visits are not sufficiently frequent, and they are sometimes purposely misled as to the correct age of the children employed.

In the smaller towns the poor are comparatively well housed and cared for, and are relatively few in number; but in the cities there is overcrowding (which tends to become more marked where the population is rapidly increasing), poor housing, and frequently insanitary conditions, arising from lack of light, air, cleanliness, and proper drainage. The water supply as a rule is good. In Toronto a by-law has recently been passed, chiefly due to the efforts of the Local Council, to establish proper water filtration and disposal of sewage. In Ottawa, though the water is fairly good, an active agitation is in progress to prevent the near-by town of Aylmer from emptying sewage into the Ottawa river without the use of septic tanks.

The sick poor are very well provided for in the cities: there are good general and maternity hospitals, and Victorian Order and district nurses visit them in their homes and do splendid work. Away from the larger centres hospitals are sometimes lacking, and the sick in such cases are obliged to journey to the nearest city to obtain hospital care. The laws in regard to infectious and con-

tagious diseases are good and well enforced, and the carelessness of physicians, complained of in some places, is lessening. As a rule (with occasional exceptions) poor women receive proper care at the time of childbirth.

### **Tuberculosis.**

The subject of Tuberculosis, its treatment and prevention, is constantly coming into greater prominence, and nearly all the councils are in some degree helping to educate the people and give assistance to the tuberculous poor. Just outside of Toronto there is a sanatorium for incurable cases, and at Gravenhurst a sanatorium for early cases. Provision is made for pay and free patients in both these establishments. In Hamilton a sanatorium for consumptives was officially opened in May, 1906. The grounds, comprising one hundred acres, beautifully situated on a high, wooded tableland above the city, were the gift of private citizens. A fine recreation hall has been presented by another citizen and an infirmary by still another. There is a house for staff quarters and patients' day-room; the patients sleep in shacks. The Daughters of the Empire, by their able and enthusiastic efforts, have done very much towards the establishment of these excellent conditions. Hamilton will soon be provided with an infirmary for advanced cases, to be situated within the city limits; this also is the gift of generous citizens.

Ottawa has done good work in regard to tuberculosis. The May Court Club have opened a dispensary for the tuberculous poor, and much is being accomplished. Direct measures for the erection of a hospital for advanced cases are well under way. Ottawa, moreover, has been very active in the matter of securing better ventilation in various buildings and institutions. Toronto, London, Ottawa, Ingersoll, and Port Hope have each a by-law prohibiting expectoration in public places, and London is assisting individual cases and endeavouring to obtain a much needed local sanatorium. The health of the province is improving.

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### **British Columbia.**

Reports were received from Vancouver, Victoria, New Westminster, and Vernon. Infantile mortality is decreasing. The sani-

tary conditions of the schools are on the whole good; in Vancouver overcrowding exists to some extent, but is being rapidly overcome by the erection of new schools, and recently proper scientific ventilation has been introduced into the schools in which the ventilation was formerly deficient. In Vancouver also the schools are visited by medical inspectors, and the sanitary arrangements are under the inspection of the health officer, who is active and efficient.

There is no child labour in the province, and the working hours are not too long. The laws relating to labour are good, but are not always enforced; it is expected that the eight-hour clause will soon become law. The inspection of shops and factories is inadequate. The water supplies are good and the sewerage systems modern. The housing of the working classes is generally good, there being comparatively few destitute poor in the province. In the largest city, Vancouver, constant energetic efforts are being made to improve the housing conditions of the poor. The sick are well cared for, excellent hospital accommodation being provided for both general and maternity cases. The nurses of the Victorian Order also visit the sick poor in their own homes. In British Columbia a great deal of public interest has been shown in regard to tuberculosis. The Government has appointed a physician, who lectures on the subject, and pamphlets are printed and distributed in the homes at the Government's expense. There is also an active Anti-Tuberculosis League in Vancouver, with a Girls' Auxiliary. The League wages war against expectoration in streets and public places, raises funds to support the sanatorium at Tranquille, and endeavours in many ways to educate the public and help poor people already affected by this disease.

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## Germany.

**Bund Deutscher Frauenvereine.  
National Council of Women.**

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### **Report on Public Health,**

BY

**Dr. ALICE SALOMON.**

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#### **INFANT MORTALITY.**

##### **Maternity Insurance.**

If the health of the growing and future generations is to be effectually cared for, measures must be taken to prevent the children from being injured before birth through the unfavourable conditions under which their mothers live and work. The German Women's Movement demands therefore an extension of the prohibition of factory work by women so as to include at least two to four weeks *before* confinement. Until now the time legally fixed for prohibition has been limited to the weeks following confinement. In addition to this prohibition of work, an extension of the insurance law against illness is demanded. This law at present guarantees support to women for the time during which they are obliged to be away from work. The German Women's Movement demands further from the Legislature that the prohibition of work and the benefits of insurance be extended to all working women—not only to those employed in factories, and that the support which is granted at present (amounting to half their wage) will be raised to the full wage. The claims of the German Women's Movement for such a maternity insurance have aroused great interest, and have already succeeded in securing the prohibition of factory work for two weeks before and six weeks after confinement.



### Instruction of Mothers.

Of late years a strong effort has been made to encourage the suckling of infants by their mothers. Unfortunately, the artificial method of feeding babies is very general in the country. Acting upon the suggestion of several women's associations, the local officials now send pamphlets to the mothers of newly-born infants. In these the importance of natural nourishment is pointed out and the proper care of infants is taught. In Prussia the Patriotic Women's Union, encouraged by a note from the Kaiserin, has distributed  $1\frac{1}{2}$  millions of pamphlets, and sister societies have organised courses of lectures on the care of infants. In certain towns the Poor Law authorities give special allowances to nursing mothers, in order to enable them to remain away from outside work during this period.

### Milk Depôts.

The authorities of about 35 towns now have milk depôts, where sterilised milk is distributed gratuitously for the infants of the very poor.

Among the more recent efforts for the supply of infants' milk, the attempt of the Berlin Society for the Prevention of Infant Mortality deserves mention. This society demands from the proprietors of dairy farms the observance of certain minor hygienic conditions, and in return undertakes to recommend their milk. A supervisory committee, composed of veterinary surgeons, controls the cow-houses, and sees that the requirements are carried out.

The attention of the people is drawn, by means of pamphlets, to the fact that the milk obtained from these dairies is to be recommended.

Latterly, however, the opinion has gained ground that this distribution of milk only fulfils its object when it is accompanied by advice to the mothers and by supervision of the state of health of the infants. For this purpose establishments have been organised, partly by the municipal authorities and partly by societies, in which necessitous mothers gratuitously receive medical advice and information on the care of infants. The doctors are assisted by nurses, who show the women in their homes how to properly carry out the instructions given. The doctors are urged to advocate most strongly the natural means of feeding children.

Special precautions are undertaken in order to protect the life and health of illegitimate children, who are worse cared for materially than legitimate children of the same station in life.

### **Guardianship of Foster-Children.**

Of the greatest importance amongst these efforts is the introduction of general guardianship and supervision of foster-children.

The greater number of illegitimate children are given shortly after their birth to the care of strangers. But the only way to ensure sufficient attention being bestowed on these children by the foster-mothers is to place the latter under strict control, and to insist on the regular payment of the money for the maintenance of the children. For this purpose there has been formed in Leipzig, at the instigation of Dr. Taube, an organisation which serves purely as a model to demonstrate more effectually the action of the guardian and the control thus exercised over the foster-mother. General guardianship has been introduced, that is to say, a local board has been established, which serves, without special appointment, as guardian for each illegitimate child. By means of this General Guardianship Board all possible steps are taken to insist upon the lawful support of the child by the father. A strict control is also exercised over the foster-mother by officially-appointed trained nurses. It is the duty of the foster-mother to have the children regularly inspected by a doctor appointed for the purpose. Those foster-mothers who present the best-cared-for and most thriving children receive a prize. This control is not limited to illegitimate children, but is extended to all children under 14 years of age who are under the care of foster-parents.

The result of the introduction of Dr. Taube's system in Leipzig shows that within 10 years the mortality among illegitimate children who are boarded-out has fallen from 8.6 per cent. to 4.6 per cent. This system has been introduced in many other German towns.

The Committee of the German National Council of Women for the Protection of Children is agitating for the introduction of this system into every town.

The latest figures of death-rate per 100 babies born who never reach their first birthday still amounts to 18.5 in the year 1906, though the great efforts to fight against infant mortality have

already succeeded in decreasing the death-rate, which in 1900 amounted to 21.8, in 1890 to 23.7, and in 1880 to 27.4.

### SCHOOL HYGIENE.

The care for the health of school-children shows no features peculiar to Germany. It is limited to the provision of meals for very poor children in some towns, the supply of afternoon shelters for children, school baths, and lessons in swimming. Training in gymnastics is compulsory for all schools in Germany. In some towns public interest has been aroused for organising school excursions and securing good playgrounds, and, wherever possible, adding gardens to the schools. The school buildings are not sanitary everywhere, especially in the country, but the newly-built schools are clean, spacious, and comfortable.

### Medical Inspection.

In recent years there has been a very strong movement for the appointment of school physicians, whose duty is to examine the new pupils and to adjust existing regulations to meet the cases. Subsequently the children are examined at regular intervals or on the outbreak of illness. Treatment of sick children is not incumbent on school doctors. It is further the duty of the school doctor to inspect the hygienic arrangements of the school. In a number of towns dental inspection is also provided for the pupils.

### Recreation Homes and Forest Schools.

In some towns where municipal forest land is adjacent, recreation homes have been organised in the forest, mostly through women's societies, *e.g.*, the "Vaterländischer Frauenverein." In these homes children are only received during the day-time, and by this means, with comparatively little outlay, delicate children can have the benefit of careful attention and recreation in the open air. A further attempt has been made in some towns to establish forest schools, for the teaching of delicate children, particularly for those with weak lungs. The first of these schools was established in 1905, and is open from 1st May till Christmas. The instruction is for both boys and girls, and is given partly in huts,

partly in the open air. The children are selected by the school doctor, and are afterwards examined by the doctor specially appointed for the open-air school itself.

### **Feeble-minded Children.**

The measures taken for the instruction of weak-minded and backward children in special schools or classes, called "Hilfsschulen" or Nebenklassen, have proved extremely important in hygienic respects. The movement has spread rapidly, and attained extraordinary success in Germany.

### **Teaching of Domestic Economy.**

The domestic training of girls is considered in Germany one of the most essential means for the promotion of public health. Only women who have learned to make the most of the means at their disposal, who have learned how to manage a house, how to cook and to sew, can care for the health of the family and can bring up and provide for their children in a proper manner. The various associations of women ask for the introduction of compulsory instruction for girls in domestic and hygiene subjects, be it in the elementary or secondary schools. Up to the present time such teaching has been introduced into the public schools of about 250 German towns, and is compulsory in about 100 German towns. The teaching of domestic science is almost everywhere carried out by ladies who have been specially trained as teachers of domestic science.

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## **HYGIENE REGULATIONS FOR INDUSTRIAL WORKERS.**

The most important effort for protecting workers in factories and workshops against insanitary conditions of work is made by the factory legislation which limits the hours of work for women and young people. These regulations apply to factories and workshops only—Sunday work being prohibited to *all* workers and assistants in factories and workshops. In all these places the workrooms and machinery have to be arranged in such a way as to protect the workers from injury to life and health as far as possible. Special attention must be paid to sufficient lighting and ventilation. It is the duty of factory inspectors to enforce the carrying out of these regulations.

## TUBERCULOSIS.

Great attention has been drawn during the last 20 years to the fact that the mortality from tuberculosis is very high in Germany. Among 100,000 living persons the death-rate from tuberculosis amounted to 259.2 in 1892, and slowly decreased to 223 in 1900 and to 202 in 1904. In 1900 the mortality in general amounted to 2,209 persons, and in 1904 to 1,960 persons. Among the measures adopted in Germany for stamping out this disease and for curing the patients, the Insurance Laws must be considered the most important and successful. By means of legislation, insurance for periods of illness and infirmity is made compulsory, and this gives the advantage of helping and providing for most working people who are suffering from tuberculosis.

The Sickness Insurance Law, passed in 1883, provides full medical treatment in case of illness, also medicine, and an allowance of about half the worker's wage for the time of 26 weeks; if necessary, treatment in a hospital or sanatorium is given to all who are insured. This necessarily refers to every form of tuberculosis, *early* as well as *advanced* cases. The law extends to all factory and workshop workers and to all shop assistants and clerks earning less than £100 a year—that is, about 12½ million people; but it is not extended to the members of their families who are not wage-earners, nor to servants and agricultural workers, who are not compelled to be members of the insurance societies.

The Insurance Law against *infirmity*, which also embraces the agricultural workers and servants—over 14 million workers altogether—is not only a means of providing for old and invalid people, but contains a clause which helps to deal most effectively with early cases of tuberculosis. People insured who are suffering from tuberculosis, and who are not provided for by the sickness insurance funds, or who have already been provided for by them for 26 weeks and have no claim to be supported by these authorities any longer, may be treated and cured at the expense of the insurance society, either at home or in hospitals or convalescent homes. The reason which led to this regulation is that, by granting means for a prolonged cure extending over some months, the insurance society acts more wisely: it spends less than it would have to spend when, on account of an insufficient treatment of an early case of tuberculosis, the patient becomes a permanent invalid, and has to be supported for the rest of his life by the Invalids' Insurance Society.

Until now the insurance society used to send people suffering from tuberculosis to hospitals and sanatoria. Quite recently, however, a movement against this method was started, and the medical authorities, as well as the managers of the insurance societies, began to realise that in many cases it would be more reasonable and successful to help people in their *own homes*. Probably a scheme will now be developed for giving regular grants to patients, in order to enable them to have a bedroom to themselves and to have better food. They are to be taught how to avoid infecting the healthy members of their family, which would be specially useful in advanced cases that are incurable, but might be injurious to those who live with them.

Private institutions and health associations—whose work is mostly needed for the non-insured part of the people, viz., the women who do not work and children—have already had good results in this way. The efforts of the Baden Women's Association and other societies have succeeded in establishing advisory bureaux for the care of consumptive patients (*Lungenfürsorgestellen*). Some of these institutions specially deal with persons discharged from the sanatoria, provide better food and a sufficient number of beds for the family; in certain cases a larger dwelling is arranged for—the extra cost of which is defrayed—so that diseased and healthy members of a family may not sleep in the same bed or room. A visiting staff is appointed for the bureau, whose duty it is to insist on the carrying out of the medical directions as to the use of expectoration glasses and special cutlery by the invalid, and on the disinfection of the patient's linen.

### **Compulsory Notification.**

The notification of infectious diseases, which is compulsory throughout Germany, applies in the Grand-Duchy of Baden and in one Prussian district to cases of tuberculosis, provided there is a danger of infection to other persons—which means especially when the conditions of the dwelling are unsatisfactory. After the notification of a case of these diseases in Baden, the patient may be removed to the hospital by the official doctor if there is any danger of the disease being transmitted. A death resulting from tuberculosis must also be notified. The houses of the poor are disinfected free of charge after a death, or on the removal of the family to another house.

## Sweden.

National Council of Women.

Svenska Kvinnornas Nationalförbund.

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### Report on Public Health,

BY

Fru ANNA HIERTA-REZTIUS.

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#### THE CARE OF CHILDREN.

In several of the large towns there are institutions and societies which take entire charge of infants and young children. Those in Stockholm will serve to indicate the scope of the work undertaken by various bodies.

The Public Orphanage in Stockholm is a model institution, established 250 years ago; it receives new-born infants, and provides for them until fourteen years of age. In 1904 it had 5,115 children under its care, 304 being inmates of the hospital, while 4,811 were boarded-out in families (especially in the country). All of these are inspected.

The Freemasons' Children's Home was founded in 1753. The pupils are six years of age and upwards. Trades are taught, and an ordinary elementary education is given. Between 1753 and 1904, no fewer than 11,299 children had been brought up here.

In the Infants' Home, the first babies of unmarried mothers are received, along with their mothers. This is done in the hope

that the mother's love for her child will raise her, and prevent her from having more illegal children. The results have been good.

The Charity Organisation Society owns a Children's Hospital, in which 42 children are provided for.

The Deaconesses' Home for Children has 25 children in its charge.

Miss Elsa Borg's five Homes for Children provide for 58 babies.

The Stockholm Association for Spreading Christian Morality has two Homes for Children, with 91 inmates.

The Poor-Law Guardians of Stockholm, a public body, provides annually for 700 children.

The County Council Children's Hostel of Stockholm gives temporary care and attendance to necessitous children.

The Crèches, where mothers leave their babies when obliged to go to work in the day, are to be found in every parish in the city. The babies get food and attendance. Those who can afford it pay a small fee.

### HOSPITALS FOR CHILDREN.

The Crown Princess Louisa's Home for Sick Children is a first-class hospital, with 130 beds (in 1908), 65 for surgical and 65 for medical treatment. Children are taken care of by trained nurses. Baroness Louise Falkenberg (Life Patron of the International Council) is President of the Board of Managers.

Another splendid Hospital for Children in Stockholm is the "Samaritan," with 60 beds for sick children.

There are also a number of Hospitals for Children in the provinces of Sweden, but space will not admit of enumerating them.

### INFANT MORTALITY IN SWEDEN.

QUESTION I.—What are the latest figures in your country as to the rate of deaths per 1,000 of babies born who never reach their first birthday. Is the death-rate *increasing* or *decreasing*?

In the decade 1896-1905 the death-rate was 95·7 per 1,000. The proportion of the two sexes in this death-rate was 52 boys and



43 girls. In 1906 the death-rate had *decreased* to 81·07 per 1,000, and the proportion was 45 boys and 36 girls.

QUESTION II.—What are you doing to instruct young mothers, etc.

The Society for Promoting Rational Care of Infants (founded 1900 in Stockholm) trains in its well-fitted home 40 young women for three months, practically and theoretically, in the proper care of infants. Twenty of the pupils stay in the home, and 30 extra pupils may be received for a shorter training (of one month or more). The fee is about one guinea a month for those who can afford to pay, but pupils are also received gratuitously. Last year 29 babies of poor parents were taken care of day and night. This institution is a great success.

The Primary (Board) School Association for Promoting Rational Care of Children resembles the one just mentioned. The pupils are taken from the highest class of the primary school. The course is four weeks for teaching the care of babies. They also learn cookery and practical gardening in the garden connected with the home. This is the first experiment in Sweden to introduce the care and training of infants as a special subject into the curriculum of our primary schools.

Both of these institutions received the money for fitting-up from Mrs. Hierta's "Memorial Fund of Lars Hierta."

QUESTION III.—What measures are taken to save the babies, etc.

The Milk-drop Society, with its many affiliated societies in other towns, has proved a great success. It provides reliable food for the babies of poor mothers who are not able to give their children their natural food. There are five depôts in Stockholm, where the mothers, during the baby's first year, may daily fetch "pasteurized" milk, and prepared so as to suit the little ones. Sometimes the milk is mixed with gruel, to make it more nourishing. In one of the milk depôts a small fee (about a penny) is paid for the milk; in four of them the milk is given gratuitously. Attention is given to cleanliness, and the mothers are instructed and watched that they do not neglect their babies. The babies are weighed once a week. Hygienic advice and medical aid are given to weakly children. Baby-clothes are frequently lent to the mothers. During the last

four years from 103 to 234 babies were provided with good, healthy milk in each of the milk depôts of Stockholm, with the result that *the infant mortality has decreased* during these years from 18 per cent. to 8 per cent. A trained nurse lives in some of the depôts, and manages and superintends the whole; in others she is daily in attendance.

Much good work is done for the young infants in connection with the general and special dispensaries, the Nursing Associations, and hospitals.

There are five Societies for District Nursing in Stockholm. The nurses, who always work in connection with the parish doctors, nurse their patients in their homes, and provide the poor with bed-clothes, bed-linen, suitable food, and medicine. The hygienic condition of the poor home is very much improved, the mothers are taught the use of cleanliness and fresh air, and the moral influence lasts long after the recovery of the patient. In Stockholm alone, 30,000 visits were made to poor homes by these district nurses in 1907.

The Nursing Home for Children Suffering from Hereditary Syphilis, established by Professor Edv. Welander, provides a series of treatments for infants and children of tender years during three or four years, to cure them of the taint which they have inherited. This method precludes the contagion passing to other persons and children, and rescues children who later on would succumb to the fatal malady.

The Seaside Homes for Scrupulous Children has accommodation for several hundred patients at the seaside.

The Mayflower Society sends children suffering from tuberculosis to the country; and in the Probation Houses, for tubercular families, the hygienic precautions taken under the guidance of medical men have safeguarded the healthy children and greatly improved the general conditions of their existence.

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## SCHOOL HYGIENE.

The Vacation Colonies Association in Stockholm sent in 1907, through their 53 colonies, 1,500 children from the primary school for two months or more to the country. The children are all weighed and examined before starting and on their return.

Since 1896 the four "Mountain Holiday Colonies" send delicate children for three months to their homes in the mountains in the north of Sweden, with excellent results.

Free baths to primary school pupils have been introduced in all of the magnificent primary school buildings of Stockholm. Every child gets one or two warm baths every month. In 1906 the number of warm free baths given to the primary school children amounted to 200,000. Their average cost was 7.5 öre (about one penny).

Medical inspection of school-children has been introduced in all the Swedish towns, and with good results. An investigation about the teeth and eyesight of the children has been made, and a special inquiry into tuberculosis was made in all the primary schools of Sweden. Gymnastic exercises have been carried on for more than thirty years in our primary schools, as well as in all other schools for boys and girls.

The school buildings of Stockholm are magnificent and very sanitary, the rooms spacious, and the ventilation well cared for. There are excellent school kitchens, fitted up for 18 to 24 pupils, in nine of the primary schools of Stockholm. Some of the poorest children there get a free dinner. Domestic economy is taught, both theoretically and practically, to all the girls of the highest classes in the primary schools of Stockholm and also in many of the secondary schools for girls. The time allotted to this teaching is once a week during two to four terms (each term of six months' length). But it is very desirable that more time should be given to this teaching.

Washing is taught only in a few of the primary schools, but with excellent results.

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## THE CONDITIONS UNDER WHICH WOMEN IN SWEDEN CARRY ON THEIR WORK.

*(Curtailed from the Report sent in 1906.)*

The legislation effected by the Swedish Riksdag for securing due protection of women working as factory hands, etc., is small in extent, embracing only one Act (1900), containing two provisos, viz. :—

- (1) No woman shall be employed in any industrial trade or handicraft for the first four weeks subsequent to her confinement unless she be furnished with a duly signed medical certificate to the effect that she is in a fit condition to recommence work earlier.
- (2) Women shall not be employed in mines or at other work underground.

In the year 1903 the total number of workpeople employed in Swedish manufacturing industries was 301,888, of whom 39,861 were women and 11,070 girls. There were 17,754 women engaged in *tertile industries*, 9,632 in the *clothing industries*, and 7,671 occupied in the production of *articles of food* and of *luxuries*.

The age of women working in factories in Sweden varies between 12 and 77 years, the average age being 29.

The hours of work per day are usually from 7 a.m. to 8 p.m., or somewhat shorter on Saturdays, with one to two hours given for meals. The actual working day is thus on an average from 9½ to 10 hours, occasionally 10½ or 11 hours.

*Sunday work* never occurs as a regular thing. In a few trades it may be occasionally resorted to in order to get a large order completed in a hurry, or at given seasons of the year, when an extra push of work arises in ordinary course.

Investigations made regarding the general *physical health* of women factory workers yielded surprisingly favourable results, 58 per cent. being in *good health*, 12.5 per cent. in *moderately good health*, 25 per cent. in *poor health* (suffering from general debility, severe headaches, disordered nerves, rheumatism, weak chest, etc.), and 4.5 per cent. in *very bad health*, being afflicted with chronic diseases, such as phthisis, kidney complaints, heart trouble, cancer, etc.

Minors (children under 18) are not allowed to be employed in industrial trades or handicrafts under 12 years. The number of hours of work for minors under 13 must not exceed six, and ten hours a day is the maximum for children from 13 to 18 years of age.

The middleman system occurs to a very large extent, especially where seamstresses are employed, *e.g.*, in mantlemaking, underclothing, and tailoring. The sweating system is undoubtedly practised in some of these trades.

There are as yet no women factory-inspectors, but the question

of their appointment has been discussed by the Riksdag; and the Second Chamber, in 1902, passed a resolution in favour of the introduction of women into the sphere of factory inspection. This was approved by the First Chamber, but no tangible results have followed, owing to the lack of necessary funds for the remuneration of the requisite number of men factory-inspectors.

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## THE HOUSING OF THE POOR.

*(Curtailed from the Report sent in 1906.)*

### **(a) In Stockholm (Population 318,000).**

The conditions prevailing in Stockholm with regard to dwelling-houses are, generally speaking, very unsatisfactory, rents being very high—higher, it is said, than in any other European capital. Among the causes of this may be mentioned the rapid increase of population and the inability of builders to keep pace with the demand for accommodation, owing partly to frequent strikes and lock-outs, partly to the high wages of workmen, and partly to the fact that the houses recently built are mostly for the wealthier classes of society. The poorer section of the community is consequently constrained to put up with cramped quarters, a proof of which is seen in the prevalence of the lodger system, even among families in one- or two-room tenements.

This calamitous state of affairs is now beginning to attract earnest attention, and efforts are being made, both by public bodies and private individuals, to procure for the working classes healthy and comfortable homes of their own.

The city of Stockholm now owns 13 workmen's houses, containing 228 tenements.

A large shipbuilding company owns five houses, containing 139 tenements; a cotton-spinning mill, eight houses, containing 78 tenements; a sugar refinery, nine houses, 70 tenements; an engineering works, 73 tenements; the Rörstrand china works, fifteen houses, containing 300 tenements of either one or two rooms and a kitchen, for which no rent is charged to the tenants.

Several companies and associations have been started for the erection of cheap workmen's houses. The Stockholm "Workmen's Homes" Society deserves special notice, owning four large houses, containing 222 tenements. The society owes its origin to Miss

Agnes Lagerstedt, a primary school teacher, who was employed as landlord's deputy in certain houses belonging to the Stockholm City Council, tenanted by the poorest of the poor. Among these people Miss Lagerstedt worked, trying to educate them into appreciating the benefits of clean and comfortable homes. In that small way the scheme was evolved which has developed into the above-named society. Attached to the houses there are now clubrooms, co-operative stores, a children's workshop and holiday colony, and Miss Lagerstedt still superintends the organisation and working of the whole. Other similar building societies are—the Manhem Company, owning seventeen houses with 908 tenements, a Bachelors' house, a Children's workshop, and washing and bathing establishment; the Fridhem Company, the Holmin Company, the St. Eric Company, and the Cheap Tenements Company, in all of which the rents are, as a rule, considerably less than are usually paid for the same accommodation.

Private persons have built houses intended specially for persons of slender means—for instance, one owned by Mrs. S. Whitlock, of 87 small tenements, for single women.

The Queen's Home, founded in 1686 by Queen Ulrika Eleonora, Karl XI.'s consort, affords house-room free of charge to 50 elderly ladies of the middle classes.

An Aged Servants' Trust owns a house, providing room for 80 aged female servants.

Two Homes for Working Women, founded and presided over by ladies, offer free residence to 37 and 23 women respectively.

The Stockholm City Council has established Homes of Refuge for the destitute and homeless—two houses to contain 286 adults and three houses with room for 60 mothers and 276 children.

In eleven houses belonging to the City Council women landlords have been appointed, to apply the methods so successfully inaugurated and practised by Miss Octavia Hill and Miss Cons in London.

The working men have also started building societies, with the special aim of becoming by degrees the owners of the tenements they occupy. About 50 of these societies have been started, and several others are in course of formation.

### **(b) In Gothenburg (Population 138,000).**

More has been done in Gothenburg, the second largest town, towards procuring suitable housing for the poorer classes. Rents

are lower and the lodger system not so common. As far back as 1848, the town authorities built some working-men's dwellings, and since that date numerous other buildings have been erected, most of which belong to the Robert Dickson Trust. About 25 houses have been built by this trust in various parts of the town; the last, in 1904, contains 70 tenements of one or two rooms and kitchen, built in three storeys in a square surrounding a large courtyard planted with trees. The roof of the house is flat, and is surrounded with an iron railing, so that it may be used by the inmates as a recreation ground.

Several other workmen's dwellings have been built by co-operative building societies, by large manufacturing companies, and by private persons. A large Home for Women Workers was founded by Miss Beatrice Dickson near a number of factories, containing nicely furnished bedrooms, reading-rooms, and a large dining-room in which excellent meals are served at very reasonable prices to others besides the inmates of the home.

There is also a Hostel for Single Working Men, to accommodate 120 lodgers, and a Home for Unmarried Working Women, for 15 inmates.

From other parts of the country no definite statistics are to hand.

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## THE STRUGGLE AGAINST TUBERCULOSIS IN SWEDEN.

A great National Swedish Anti-Tuberculosis Association was founded in 1904, which has since worked with the greatest energy and success. Some of its methods are:—

- (a) The publication of numerous pamphlets on tuberculosis.
- (b) Prizes were given for the best pamphlets, and hundreds of thousands of copies have been circulated. By this and other means the public have been induced to adopt rigorous and practical measures for averting the dangers of tuberculosis.
- (c) A tuberculosis museum has been established in Stockholm, containing instructive pathological specimens, statistical tables and maps, sanatorium models, literature, etc.
- (d) During the period 1904-9, 976 lectures have been given by 40 young doctors, and illustrated with lantern slides.

These lectures have been attended by more than 196,000 persons. The lecturer has had free journeys, 12s. a day, and a fee of about 30s. from the Swedish Anti-Tuberculosis Association.

- (e) A two-months' course for the special training of physicians and nurses in sanatorium work has been conducted at one of the three state sanatoria.
- (f) Scholarships are given for this course.
- (g) Dispensaries have been established in Stockholm and in the provinces.
- (h) A committee of physicians and architects have worked out 20 designs of tuberculosis establishments and estimates of their cost, and some 50 sketches of plans have been printed.
- (i) Among the protective measures, excellent results have been obtained by controlling the dairy trade and by prohibiting consumptive persons from becoming wet nurses.
- (k) Special attention has been paid to school hygiene, to the cleaning and ventilation of primary (elementary) schools and infant schools; also, a systematic investigation about tuberculosis has been carried out amongst the pupils in Stockholm.
- (l) Legislative measures insist on disinfection of the domicile and personal clothes and bedclothing of any patient dying from tuberculosis.
- (m) Interesting experiments have been made in arranging for the patients' open-air treatment in their homes.
- (n) A very satisfactory experiment has been made by the Swedish Tuberculosis Association. They appointed a doctor to watch over a dwelling-house for consumptive workmen with healthy children. A nurse lived in the house, paid daily visits to every family, and taught them cleaning and ventilation and the destruction of the sputum. No patient was allowed to sleep in the same room as the children. Strict care was taken to prevent milk and other food being left uncovered. In the summer-time the flies were caught. Extra fuel was given to each household in compensation for the extra ventilation



All the children received every morning a large portion of porridge or gruel.

In the summer the children were sent into the country.

During 1904-7, altogether 24 families had been living in the house; 9 fathers and 11 mothers had been consumptive, and in 4 cases both were patients.

The number of children varied between 1 and 6 per family, whilst 4 births were registered.

Two children died during the first month after moving in, from tuberculosis meningitis, but there was no further case of illness or death from tuberculosis. All the children are in general robust, and appear to be healthy.

Up to the present no children have obviously caught the disease.

**Tuberculosis Dispensaries.**—At the tuberculosis Dispensaries medical advice, medicine, and food are given free of cost, mothers are taught how to deal with infectious cases, and pamphlets dealing with tuberculosis are given, together with printed instructions. The food includes milk, meat, margarine, and lard. Fuel and clothing is generally given. Assistance in cleaning the homes is now and then allowed. The children, and sometimes the patients, are sent into the country for some part of the summer.

**Compulsory Notification.**—There is no law of compulsory notification of illness from tuberculosis. The Anti-Tuberculosis Society proposed that such a law be made, but the proposal was not received with sympathy.

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## DEATH-RATE FROM TUBERCULOSIS IN SWEDEN.\*

The census for Sweden, taken in 1905, recorded 5,300,000 inhabitants. The death-rate for 1905 was as follows:—63,235 persons in the country districts, 19,027 persons in towns—total, 82,262 persons. The number of deaths from consumption were:—5,743 in the country districts, 2,861 in towns—total, 8,604. Deaths from other tubercular illnesses (in the brain, bones, and muscles):—427 in the country, 686 in towns—total, 1,113.

In the Swedish towns the death-rate from tuberculosis has been

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\*These figures are taken from the Report of the Royal Commission appointed in 1907 to inquire into what could be done to struggle against Tuberculosis.

decreasing ever since 1861-70, while the number of inhabitants has been increasing, thus:—

	1861-1870.	1871-1880.	1881-1890.	1891-1900.	1905.
Per cent. of Deaths to Population -	11.7	13.5	15.2	15.0	15.0
Per cent. of the Inhabitants <i>dying from Tuberculosis</i> -	3.06	3.24	3.00	2.70	2.41

The decrease from tuberculosis here shown in the death-rate still continues.

Sanatoria have, on a large scale, been established in Sweden.

King Oscar II. in 1897 gave his great Jubilee Fund of 2,200,000 Swedish crowns (583,400 dollars) to establish the first three model state sanatoria. There are now hundreds of sanatoria and homes in Sweden for the treatment of tuberculosis.

The Swedish Parliament in 1908 gave a magnificent grant of 4,600,000 crowns (1,219,920 dollars) for the erection of new tuberculosis hospitals and the maintenance of the patients. The Parliament and Government have pledged themselves to pay in cash about 11 million crowns for the tuberculosis movement during the next ten years.

The Swedish Tuberculosis Association has derived a considerable income from selling "Charity Stamps," of which millions have been sold.

In a Quarterly Review (editor, Dr. Sture Carlsson), published by the National Anti-Tuberculosis Association since 1906, records are published regularly of what is being done, and reports of new investigations and experiments are given.

## Great Britain and Ireland.

National Council of Women.

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### Report on Public Health,

BY

Mrs. EDWIN GRAY.

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#### INFANT MORTALITY.

What are the latest figures given in your country as to the rate of deaths per 1,000 of babies born who never reach their first birthday (anniversary of birth)? Is the death-rate in regard to this increasing or decreasing?

What are you doing to instruct the young mothers in the management and feeding of their babies?

What measures are you taking to save the babies?

The infant mortality rate shows a reduction of 23 per 1,000 during the last five years upon the previous five years. The last published figure for the whole country is 130 deaths under one year per 1,000 born.

The question of infantile mortality has continued to seriously exercise the minds of thinking people. Two important Acts have been passed by Parliament—the Midwives Act of 1902 and the Notification of Births Act of 1907. The former provides for the registration of midwives and the inspection by local medical officers of health, and will, when it comes into full operation (1910), have the effect of raising the standard, both as to efficiency and as to character. The importance of this is evident when we realise that it is estimated that 60 to 70 per cent. of the children of Great Britain and Ireland are delivered by midwives. The efficient carrying-out of the Act will very much depend upon the public opinion of women, as will also due provision for the training of midwives.

The Notification of Births Act is permissive only, and where it is adopted it provides that notice shall be given to the medical officer of health of the birth of every child within 48 hours. The special object of this is that the mother and child shall be early visited by a health visitor, who will give advice, leaflets, etc.

The system of health visiting has been largely extended during the last five years, and to this educational work done in the homes of the people some of the reduction in the infant mortality rate must be attributed. This work has been in many places undertaken by voluntary societies and by volunteers, working in conjunction with and under local authorities. This latter plan, both in this connection and in many other branches of public work, is becoming recognised as an ideal to aim at, provided that the voluntary workers are trained, efficient, and reliable.

Besides health visiting, the following additional measures are being increasingly used for the education of mothers:—Lectures and meetings of all kinds, garden parties, distribution of literature, and in a few places recently the establishment of "Schools for Mothers," on the lines of the "Restaurants Gratuits" instituted by M. Henri Couillet in Paris.

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## TUBERCULOSIS.

Please quote the latest figures of mortality from tuberculosis in your country, as compared with other diseases.

Have you a system of compulsory or voluntary notification?

What provision are you making for

(a) Advanced cases?

(b) Early cases?

What measures are you taking to prevent and stamp out the disease?

The latest figures showing the mortality from tuberculosis are 11 per cent. of all deaths (7·25 per cent. phthisis).

There are a large number of sanatoria for the cure of this disease. These generally admit by preference the early cases.

The measures being taken to stamp out the disease are:—Education both by private and municipal effort, the general sanitary improvement of dwellings, and vigorous disinfection whenever cases

occur. Unfortunately, many cases of consumption come within the province of the Poor Law, and out-relief from the rates very often has to be given. There is no power to remove such cases compulsorily to the infirmary, and thus the danger of infection is sanctioned by state relief.

The interim report of the Royal Commission, which was appointed to consider whether or not tuberculosis in cows could be transmitted to human beings, has been issued. The Commission are of the opinion that it is so transmissible. There is, therefore, an even greater need of using all possible precautions to ensure a pure milk supply, and of increasing them. Many people think that further legislation will be needed.

There is no compulsory notification of tuberculosis in Great Britain, but voluntary notification, instituted by local authorities, obtains in many places.

Up to the last three years, very little had been done in Ireland to combat this scourge, but our honoured President, Lady Aberdeen, has, as is shown elsewhere, with untiring energy, initiated a crusade in that country.

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## SCHOOL HYGIENE.

Is the teaching of hygiene and domestic science compulsory in the training of both teachers and children, and how much time is given to it?

Are your school buildings sanitary?

Have you medical inspection of schools and school-children?

The teaching of hygiene and domestic science is included in the school curriculum, and is very generally taught, although the amount of time given to it varies considerably, as each education authority has power to decide this within limits.

The modern schools built out of the rates are fine, spacious buildings, but there remain a large number of old-fashioned schools built, some of them many years ago, by religious bodies, mainly the Established Church. While these are improving, many of them fall below what is desirable.

In 1907, Parliament provided for the medical inspection of school-children in England and Wales. This is a preventive measure of far-reaching importance, for every child will now be

medically inspected on entering school, and at least twice afterwards. It will probably lead to the establishment of school clinics, both for the purposes of inspection and for the treatment of minor defects.

Many necessitous and ill-nourished children have been fed in our larger towns by voluntary agencies for some time. Last year's Act legalised the expenditure of public money for this purpose.

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## **INDUSTRIAL WORKERS.**

How are you caring for the health and well-being of your industrial workers in factories and workshops?

The health of industrial workers is cared for by the Factory Acts, which provide for a minimum standard of space, light, sanitary accommodation, and hours of work. The sanitary conditions are under the control of the local authority. Private enterprise is raising the standard in this respect, and some employers have every possible hygienic arrangement in their factories. Shops and restaurants are included in these regulations, but, unfortunately, as yet no provision is made by law for the erection of sanitary conveniences for women employed at exhibitions. Agitation is on foot to get this remedied.

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## **HOUSING REFORM.**

The past five years have been years of steady and even rapid progress in matters of health and housing reform. A great wave of public sympathy has during this period swept over Great Britain, and has carried the movement for better homes for the people into practical channels of effort.

Whereas ten years ago discussions on housing reform tended to become academic discussions as to the degree of responsibility falling on the slum-dweller or the slum-owner respectively, the public conscience now realises that the existence of insanitary houses is a menace to general health, and, as a result, public opinion demands practical effort on constructive lines.

## PRACTICAL WORK ACCOMPLISHED DURING THE PAST FIVE YEARS.

In the limits of this resumé it will be impossible to give more than an outline of the practical work accomplished during the past five years. This period has witnessed a remarkable development in public, philanthropic, and private enterprise. The housing from night to night of the casual labourer in London has received attention by the rapid development of the Rowton Houses, of which there are now six, containing, in all, 5,162 beds. In these establishments, for a payment of 7d. a night, a labourer can obtain a clean bed and the use of a number of rooms. Food can be purchased at nearly cost price, a hot or cold bath for 1d., and lavatory accommodation free.

The municipalities of London, Manchester, and Glasgow have all built similar dwellings for the poorest labourers.

In the housing of the poorest families, special praise must be awarded to the city of Liverpool. In 1902, the Council of this city boldly faced the slum problem, and prepared a record of all the houses within the city which were below the line of proper housing. The City Council, on discovering that 9,943 houses were insanitary, decided to demolish 500 per year over a period of years, and to build new dwellings for the people dispossessed. Starting with the provision of block dwellings, the block tenement type was abandoned in favour of two-storey and three-storey cottage tenements; and to-day it is possible for poor Liverpool labourers to obtain the tenancy of two rooms and a scullery for 2s. to 3s. a week, thanks to the public spirit of the Liverpool City Council.

The extent to which municipal action has been taken can be judged from the fact that the houses and land owned by municipalities, and leased to municipal tenants, now reach a value of four million pounds.

It is interesting to find that, so far from this public action lessening philanthropic or private enterprise, a stimulus seems to have been given to this most valuable means of meeting the needs of the people. Beneficent gifts have been made by Lord Iveagh at Dublin and London. Mr. Sutton, the head of a great firm of carriers, recently made a bequest of £2,000,000 for better housing, and societies of various kinds have increased their activities.

Co-operative societies have now added greatly to their invest-

ments in house-building, with the result that the total number of houses now reaches 47,000, and the amount invested nearly £10,000,000. Building societies—which are really societies providing loans to purchase houses already built—have an even larger amount invested, viz., £40,000,000.

The most remarkable housing development of the past five years is, however, in regard to the development of garden villages. It is true that Port Sunlight and Bournville were built several years ago, but it is only during the past five years that the nation has begun to realise the national value of these admirable object-lessons. A third village, Earswick, close to my home at York, has been added, and this, although much smaller, is a delightful garden village, containing some of the best examples of cottage homes that England can show.

The garden city at Letchworth has emerged from the visionary stage, and has been made by earnest endeavour a practical success during this period; and the desire to still further stimulate interest in housing has been shown in a remarkable way by the development of Cottage Exhibitions. The first of these was held at the garden city at Letchworth in 1905. The second and third followed at Sheffield and Letchworth last year. These were both under the auspices of the National Housing Reform Council; and an exhibition, comprising 80 cottages, costing £20,000, is now open at Newcastle. Yet another exhibition will be held next year at Swansea, South Wales.

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### **LEGISLATIVE PROGRESS.**

A new Housing Bill has this year been introduced into the House of Commons, and is now in the Committee stage, dealing with many of the points which housing reformers have been pressing on the public. This Bill gives town-planning and site-planning powers to local authorities; also increased and wider powers of dealing with nuisances and unhealthy dwellings; extends the power of "representation" by private citizens, besides dealing with other important matters.

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### **THE COTTAGE VERSUS THE BLOCK.**

In conclusion, may I add a word as to the type of house which we in England regard as providing the right kind of home for a



workman and his family. We believe that the pressing need is for "housing," not "warehousing" the people, and that therefore the small cottage house, with its garden, is greatly preferred to the barrack-like block.

With us the battle is over and won for the better type of house. Our garden villages, with their peace and quiet, have secured the admiration and support of workmen and their wives. Except in London, Liverpool, and some parts of Scotland, workmen will not live in block houses. It would be no use to build them, for they would not be tenanted.

Despite its gigantic size, London is essentially a city of small houses—comparative statistics show that 60 per cent. of the working people of Berlin live in block dwellings, and not 10 per cent. of the people of London live under similar conditions. We have a heritage of "mean streets" and ignoble slums, but happily we have escaped the barrack dwelling.

One of our earlier poets sang the praises of the small house and the large garden. We have the small house, and our garden villages will help us in our fight to secure the large garden.

Those who have been pioneers, and who have for years had this matter of the public health at heart, can take courage from the foregoing facts, and from the knowledge that not only do conferences and public meetings relating to it take place in increasing numbers in every civilised country, but also that a large number of international conferences are arranged, so that we are being given invaluable opportunities of interchange of opinion and knowledge between one country and another as well as between individuals.

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## Denmark.

**National Council of Women.**

**Danske Kvinders Nationalraad.**

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### THE CARE OF CHILDREN,

BY

**Dr. ALVILDA HARBOE-HOFF.**

A report of what is being done in Denmark generally for the health of the children covers to a very large extent the same ground as an account of the sanitary system of the country as a whole and the treatment of the sick, the institutions in this connection benefiting both children and adults.

The sanitary conditions are, on the whole, good, and the state and municipality, as well as private institutions, year by year put in more work and spend more money in the endeavour to improve hygienic conditions generally.

New and excellent supplies of drinking water are obtained from borings in the deep water-bearing strata, which are germ-free, and great sewers have been constructed, which carry off the sewage to the sea—in the case of Copenhagen, at least—as far as two kilometres from the coast. By-laws enforce more stringent control of provisions and more drastic regulations with regard to infectious diseases. New hospitals and sanatoria are being erected, and existing ones improved, and arrangements are being made to facilitate admission to these hospitals for the poorer classes of the population. Numerous places for providing free meals for the poor have been opened, and new school baths and public baths are under construction.

Some of the densely-populated poor quarters in the centre of Copenhagen have been pulled down, and rebuilt as business quarters, whilst bright and healthy workmen's quarters, with low houses and small gardens, are being erected in the less populous outskirts of the town.

In Denmark, as elsewhere, statistics have shown us the wholesale destruction of child life that takes place in the earliest years of infancy; here, as elsewhere, increasing knowledge has to a certain extent thrown light on the causes of this loss to state and family, and here, as in most civilised countries, they are energetically combating the evil.

Very often the child's life and health are threatened even before birth, owing to the privations undergone by the poor unmarried woman during the latter term of her pregnancy, when she is no longer able to work; and various private societies have been started to provide her with the food and shelter she so badly needs. The first of these were exclusively societies for supplying food, such as "Modres og Borns Bespising" (Society for Providing Free Meals for Mothers and Children), but recently various small homes have been established, such as "The Refuge for Homeless Women," "The Woman's Home," "The Mother's Home," etc., where the homeless woman can stay until she is expecting her confinement, when she is taken to a lying-in hospital. After childbirth, she can again return to these small homes and get the necessary care for herself and child until she has regained her strength. The only maternity hospital in Denmark of any considerable size was founded in 1785 by the then reigning Queen of the country, and is situated in Copenhagen. It admits gratis every unmarried woman, and the greatest care is taken of her and her child until her recovery; if the child is weakly, it may remain there some time longer.

In the first instance, the new-born child is tended by midwives, who are well trained, not only in obstetrics but also in the management of infants. Before the midwife leaves a woman who has become a mother for the first time, it is her duty, whether the confinement takes place in a lying-in hospital or a private home, to give the young mother the necessary information as to the management of infants with regard to cleanliness, fresh air, etc.

She is to lay special stress on the feeding of the child, so that the mother can safeguard it against disorder of the digestive organs, which are the most weakening and fatal of all the illnesses that threaten infants.

There are, besides, throughout Denmark a number of private societies, "Smaabornes Vel," "Bornenes Vel" (for the "Welfare of Infants" and the "Welfare of Children"), which have successfully tried to spread knowledge regarding child-nurture, partly by lectures

and pamphlets, partly by sending nurses to homes where there are new-born children, to instruct the mothers. As it is of the greatest importance for infants to have pure milk, the same societies have also made it their object to secure for these small homes easy means of getting a good and sufficient supply. The Danish milk and the Danish dairies generally are excellent. Active control is exercised to see that the milk is pure and unadulterated, that the cows are healthy, and that the persons engaged in milking do not suffer from infectious diseases, and even in the towns it is easy to get fresh first-class milk every day, thanks to the numerous milk companies. "Kobenhavns Mælke Forsyning" (the "Copenhagen Milk Association"), which was started rather more than 30 years ago, was the first of its kind, and has served as a model for numerous other "associations," not only in Denmark, but also in many places abroad.

With regard to boarded-out children, public bodies exercise thorough control. Medical inspectors and specially trained ladies see that the child is properly cared for and fed, both in health and sickness, and the hygienic conditions of the "foster-homes" are under control. The members of the family must not suffer from any infectious disease, above all, not from tuberculosis; and a child must not be put out to nurse or boarded with a woman who is suffering from tuberculosis or syphilis. The inspection includes all boarded-out children up to their 15th year. In some places private societies, "Præmieselskabet for Plejemodre" ("Prize Society for Foster-Mothers"), support these foster-homes, particularly in times of sickness, and encourage the foster-mothers by distributing prizes. The usefulness of this inspection is fully proved by the fact that sickness and mortality are diminishing among boarded-out children throughout Denmark. For instance, the mortality of children boarded out in Copenhagen has decreased by more than one-half during the past 30 years; altogether, infant mortality is low in Denmark.

Denmark being a small country, with a comparatively concentrated population, it is nowhere difficult to obtain medical advice or to be received into a hospital. There is a large proportion of doctors—1 to 1,800 of the population; in Copenhagen, 1 to 900. There is also ample hospital accommodation—1 bed to 340 of the population, and in Copenhagen 1 to 230. Though there are plenty of hospitals, the beds as a rule are in constant occupation, the people

greatly appreciating the excellent nursing and humane treatment they receive at the hospitals. Danish hospitals are well arranged as to hygiene, etc., with plenty of fresh air and light, spacious wards, and gardens for the use of the patients.

In all parts of Denmark the poorer portion of the population have formed Sick Clubs, which embrace about one-third of the entire population (children included). These Sick Clubs are subsidised by the state, the members are admitted to the hospitals at about half-price, and they get medical advice at a very low rate, so that, by charging a very low monthly subscription, these clubs secure for their members medical attendance, medicine, hospital treatment, and pecuniary help in cases of illness. If the parents are members of a Sick Club, the children enjoy the same benefit without extra pay.

The hospitals admit both children and adults, and, with the exception of a few small private clinics (nursing homes), there is only one special children's hospital in Denmark, "Dronning Louises Bornehospital" (Queen Louisa's Children's Hospital), a pretty little hospital, well provided with balconies, with accommodation for 60 children. There are in Copenhagen several "Policliniques" (free dispensaries), where necessitous children obtain medical advice free of charge. There are also free "Children's Policliniques" in some of the bigger provincial towns. In Copenhagen there are also several special clinics, for instance, "The Clinique for Cripples," which is connected with a Home for Cripples, and has a twofold object, giving medical advice, bandages, and artificial limbs to all indigent cripples, and, wherever possible, teaching cripples some handicraft as a means of livelihood. This institution has been established for a comparatively long time, and has been the model for similar institutions in other countries.

Legislation with regard to infectious diseases is very effective, without, however, exercising undue restraint on the population. The fundamental principle is to give gratuitous treatment to all—poor and well-to-do alike. Every person suffering from one of the more dangerous infectious diseases—for instance, typhus, scarlet fever, and diphtheria (including croup), which are comparatively common—may be received free of cost into one of the many good fever hospitals which are to be found in all parts of Denmark. Only in a few places is the distance to the nearest fever hospital more than a couple of Danish miles (about 8 English miles).

After these illnesses, disinfection of the patient's home and effects is provided free of cost. Patients suffering from these diseases must not make use of public means of conveyance. Children from homes with infectious diseases must not attend school until they can produce a doctor's certificate stating that all danger of infection is past. Doctors are supplied with serum for the treatment of diphtheria free of cost, and those examinations of bacteria and blood that are important in the early diagnosis of infectious diseases can be easily obtained without payment. Vaccination for smallpox is compulsory and gratis, and for this reason smallpox is practically unknown in Denmark.

Doctors must notify to the public medical officers every case of infectious disease that comes under their treatment. Of late years, as a result of these various measures, about 90 per cent. of all reported cases of typhus and about 70 per cent. of all reported cases of scarlet fever and diphtheria are treated at the hospitals in the early stages of the disease, and this to a very great extent checks the danger of infection. In the eighties and nineties, diphtheria was a scourge in the north and the centre of Europe, and carried off children wholesale, often the strongest and healthiest. Now, however, this disease has decreased considerably in all these regions, and in Denmark it is so rare that the death-rate of children is only one-fourteenth of what it was 20-30 years ago. Scarlet fever is also on the decline, and the mortality is about one-sixth of what it was 20-30 years ago. In the past three years only about 60 persons have died annually in Copenhagen of typhus, diphtheria, and scarlet fever, a truly gratifying result. These diseases, however, are endemic in Copenhagen, whereas elsewhere in Denmark they only occur here and there as minor epidemics.

The only other infectious diseases which have to be taken into account in this country in the years of childhood are whooping cough and measles. They are exceedingly infectious, and, so far, no means have been discovered to check the spread of these diseases. It may be said, generally speaking, that in the larger towns every child is attacked by them. But here again the improved sanitary conditions of the country have produced good results, and the mortality, which is especially high among infants below two years of age, has decreased during the past twenty years by about one-half.

With regard to the most malignant infectious diseases, which are only occasionally brought into Denmark, there exist very severe

and effective quarantine and isolation regulations, so that these diseases for the past fifty-six years have not spread to any degree worth mentioning.

And, finally, it must be mentioned here that the fight against tuberculosis is being carried on very energetically in Denmark, and that scrofula, the most common tuberculous disease amongst children, has for many years been treated very successfully at the special seaside hospitals and seaside sanatoria.

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### SCHOOL HYGIENE.

All Danish schools are under public inspection, not only with regard to the teaching, but also with regard to the hygienic conditions. The elementary schools in Copenhagen and in some provincial towns appoint "medical school officers." Children must attend school from 7 to 14 years of age.

The schools must be entirely detached, and air and light must have free access. The schoolroom windows must not face the north. The classrooms must have a minimum height of 3.20 metres, with about 4 cubic metres for each child. The floors must be of varnished deal. The maximum number of children in each class is 37. There are special rules for the daily cleaning, for ventilation, and heating. The schools are provided with playgrounds, where the children stay between lessons. The playgrounds are provided with gymnastic apparatus if there is no special gymnasium. Unfortunately, bath accommodation (shower-bath) is provided only in a few schools, but it is quite usual for school-children in the summer time to be taken by a teacher for a bathe in the sea, if the schools are situated near the coast. Many of the schools arrange for gymnastics, sport, and slojd—easy carpentering and other manual work by way of change between lessons. In some schools cookery is taught in the upper classes for girls; but instruction in hygiene is only in its infancy.

Between the lessons there is, as a rule, a break of 10 minutes; after two or three hours, 20-30 minutes' recess for lunch. In the elementary schools, 18-30 hours' instruction is given weekly; in the secondary schools, up to 36 hours per week. The teachers are very particular not to overwork the children; there is, however, a good deal of homework in the upper

classes of the secondary schools. Naturally, the children in the elementary schools are not overburdened with schoolwork, but, in spite of this, many of the children have a long working-day, as poor people are of the opinion that they cannot do without their children's earnings.

It is computed that about one-fifth of the school-children of Copenhagen and about one-third of the school-children in the provinces have regular remunerative work of various kinds out of school hours. The law forbids children under 12 to work in factories, to go about with milk, newspapers, etc., regularly. Children over 12 may be employed in factories, etc., up to six hours' daily, including half an hour for rest, but never in the night, never in dangerous or unhealthy occupations, and only when a doctor has examined them and certified that they can stand the work in question. Young persons 14-18 years of age may work in factories, with a maximum working day of 10 hours.

Private charity, which is fairly active all over Denmark, also occupies itself in various ways with children during the compulsory school-age. The charitable institutions which do most for the health of the school-children in the direction of preventing disease are "Friskoleborns Bespising" (Society for Providing Free Meals for the Elementary School-children), and the (free) Elementary School-children's Country-holiday Funds. The former society gives the most necessitous school-children warm and nourishing food during the three severe winter months.

The schools have five to seven weeks' summer holidays, and most town children who have comfortable homes spend their holidays in the country, more especially at the seaside, but also great numbers of the necessitous town children—every year about one-third of the (free) elementary school-children of Copenhagen—spend the summer holidays in the country, some being boarded with private families who are willing to take one or more children, some in "holiday colonies," *i.e.*, small batches who leave town under the escort of a teacher. The children are allowed to travel free by train or steamer, and many are supplied with clothes from "Bornenes Kontor" (the Children's Office), which altogether helps poor children in various ways.

All these comprehensive measures have not been in vain, and, with increasing enlightenment and increasing prosperity in the lower strata of the population, their scope is gradually being



enlarged. Diminishing sickness and a lower death-rate is the result everywhere in town and country. Much has been done, and much still remains to be done, to safeguard the population, especially children, against all the dangers which threaten life and health, and which vary according to the age of the individual.

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## THE CONDITIONS UNDER WHICH WORKING WOMEN CARRY ON THEIR WORK,

BY

**Fröken PETREA HOLM.**

In 1901, a Factory Act was passed in Denmark which in many particulars aims at improving hygienic conditions. It contains, for instance, regulations respecting the size of the premises (each worker to be allowed a minimum of 8 cubic metres of air), the cleaning of the premises, lighting, ventilation, heating. During the winter months warm rooms are to be provided for the workers to have their meals in, and, if circumstances permit, they are to have their dinners warmed up. Besides, with regard to various industrial occupations (such as laundries, premises where ironing is done, textile factories), regulations issued by the Home Office further strengthen the provision of the Act with respect to women working in these dangerous occupations.

The Act forbids children under 12 to work in factories and night work for workers under 18.

Young people of both sexes under 18, and also working women, may be forbidden to take part in any work which is particularly dangerous or unhealthy.

During rest and meal-times children and workers under 18 are not allowed to stay in rooms where work is going on.

No woman worker is allowed to work in the factory during the four weeks following her confinement, unless she can produce a doctor's certificate, certifying that it will not be detrimental either to her health or the health of her child.

The help given by public funds during this interval is not to be counted as poor relief.

This humane addition to the clause, which did not stand in the

original bill, is mainly due to the agitation of various women's organisations. On the whole, however, workers have not availed themselves of this right to any large extent.

Factories are inspected by a "Factory Director" (chief inspector) and factory inspectors. Among the latter there is a woman inspector, who more especially supervises the women workers. This has proved very beneficial, one advantage being that in many cases women workers will speak far more freely to a woman than to a man.

On the whole, the Factory Act of 1901 has already, during the few years it has been in operation, considerably improved the conditions of industrial hygiene. But its sphere of usefulness is greatly restricted by the fact that only factories, and other industrial occupations where more than five workers are employed, come under the Act. Thus, many occupations which especially employ women are excluded, particularly a number of small workrooms, laundries, etc., where the hygienic conditions often leave much to be desired.

When the Act of 1901 is revised (in 1910), it is to be hoped that it will be extended so as to allow as many women workers of this country as possible to benefit by its regulations.

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## HOUSING IN DENMARK,

BY

**Fru A. HENRIKSEN.**

In more modern times, and especially during the past 25 years, much has been done, both in Copenhagen and the provincial towns, to improve the dwellings, more especially workmen's dwellings.

Only with regard to Copenhagen are reliable statistics available. The latest date from 1906, and show that in that year there were in Copenhagen 113,376 "lejligheder" (flats),\* the census being 426,540. Half of the inhabitants of the capital live in one- and two-roomed flats (tenements), these small flats constituting more than half the entire number. Half of the one-roomed flats (tenements) are inhabited by one person only, and fully one-third of the

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\* A "lejlighed" is any set of rooms inhabited by one family, and includes flats and tenements as well as private houses.

two-roomed flats by one and two persons. Three-roomed flats, which are steadily on the increase, now form one-sixth of all the flats, and contain one-sixth of the population; one-fifth of the population live in four-roomed flats, and one-sixth in five-roomed flats.

Two-roomed flats, with all conveniences, are much in demand, whilst there is only a small demand for one-roomed and very large flats.

Most of the flats are in large buildings, with as many as five storeys; sometimes there are about 80 small flats in one block of buildings, with a common courtyard. Building Acts, however, regulate the height of the houses and the area to be built upon.

There is almost always a separate kitchen, even in one-roomed flats, though there are houses where two flats have a kitchen in common. Water is supplied in all the houses, generally in the kitchen, and latterly it has become quite usual for the flats to be provided with water-closets.

Of late years large areas of the insanitary districts of Copenhagen have been rebuilt, but whilst, on the whole, this is due to private enterprise, the Legislature for the past 20 years has endeavoured, by special Acts, to provide better housing for the workers of the town. In 1887 an Act was passed authorising the National Exchequer to grant cheap loans, up to one million kroner, to municipalities or societies who would erect good and sanitary workmen's dwellings in the towns or their environs.

About half of this sum has been loaned to societies in the capital, the remainder to the provinces. In 1898, two million kroner was again granted, and when the Act was renewed in 1904 a further sum of  $1\frac{1}{2}$  million kroner was sanctioned for the same purpose. Although the Act does not expire until 1909, the demand for loans has already been so great that the money has been used up, and they have been obliged to reject many applications.

Most of the newly-erected dwellings are so arranged that each flat contains two or three rooms, entrance-hall, and kitchen. The houses (cottages) are often built together, two and two, and generally have a garden and a couple of attics. Sometimes the houses are built together so as to form one continuous street.

The environs of Copenhagen, in particular, afford ample opportunities for observing the effects of these Acts. Here workmen's colonies, with their small, well-cared-for gardens, spring up, one

after the other, bestowing health and happiness on their occupants, and the gradual extension of the tramway system affords greater facilities for the workers to get to their work in the centre of the town.

For the growing generation especially, it is of the greatest importance to be able to live in rural surroundings, with fresh air and plenty of sunshine.

## Netherlands.

National Council of Women.

Nationale Vrouwenraad van Nederland.

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### Report on Public Health,

BY

Mrs. H. BODDAERT (1909).

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#### INFANT MORTALITY.

- (a) What are the latest figures as to the rate of deaths per 1,000 of the babies born who never reach their first birthday? Is the death-rate in regard to this increasing or decreasing?

Number of deaths per 1,000 births in the first year of life:—

In 1900 . . . . . 155.2	In 1904 . . . . . 136.6
In 1901 . . . . . 149.3	In 1905 . . . . . 130.9
In 1902 . . . . . 129.9	In 1906 . . . . . 127.1
In 1903 . . . . . 135.1	In 1907 . . . . . 111.9

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- (b) What are you doing to instruct the young mothers in the management and feeding of their babies?

Cursussen für Mütter (Mothers' Meetings), wo diese unterrichtet werden in Alles was häusliche Hygiene, körperliche und geistige Erziehung der Kinder, speciell der Säuglinge betrifft, findet man an manchen Orten als Untertheil von Toynbee-Arbeit oder dergleichen socialen Vereine. An 4 der 105 Orten wo behufs dieses Rapports Erkundigungen eingezogen wurden, findet man speciell zu diesem Zwecke errichtete Cursussen zum Theil ausgehend von Gesundheit-fördernden Vereine "Das grüne Kreuz." In Zusammenhang hiermit kann man erwähnen die Curse für Wöcherinnen-Pfegerinnen, die jetzt an 9 der Enquête-Orte abgehalten werden, und woran auch Mütter und zukünftige Mütter theil nehmen zu ihrer eignen Ausbildung. Ebenso werden die jungen Mädchen, die sich vorbereiten zu dem vom Frauenverein "Tesselschade" eingestellte Examen für "Kinderfräulein" unterrichtet in der Theorie und der Praxis der Pflege des jungen Kindes. Weiter wird von dem "Wick-pfegerinnen" allmählich Verbesserung gebracht in die körperliche Pflege der kleinen und grossen Kinder in der von ihnen behufs Versorgung und Pflege besuchten Familien, während angenommen werden darf dass auch die Wohnung-Inspectricen in dieser Richtung nützlich arbeiten, und dass von den Krippen guter Einfluss ausgeht.

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(c) What measures have you taken to save the babies?

Eine Klinik ausschliesslich für Säuglinge findet man in Holland nur im Haag; Frauen sitzen im Vorstand. An sehr vielen Orten findet man jedoch in den gewöhnlichen Kliniken eine Abteilung für grössere Kinder und Säuglinge.

Das gratis oder sehr billig verabreichen von Milch für Säuglinge (*goutte de lait*), bereitet nach dem individuellen Bedürfnissen eines jeden Kindes, und verabreicht in Portions-Fläschchen bezweckt eine bessere Ernährung jener kleinen, die keine Muttermilch bekommen. Es ist von allgemeiner Bekanntheit dass in Bezug auf Säuglings-Ernährung unendlich viel gesündigt wird und besonders in der sogenannten niedren Ständen die grösste Unwissenheit herüber herrscht. Die von oben genannten Institut profitierenden Kinder werden regelmässig gewogen um zu controliren ob die ihnen gereichte Milch wirklich die für jedes Individuum meist geeignete Zusammenstellung und Bereitung hat. Es gibt dieses *goutte de lait* nur im Haag, obgleich man anderes Orts etwas Aenliches

ausgehen lässt von den Krankenhäusern. Entdeckt man dass die Kinder krank sind, so werden sie sofort den Kinder-oder den gewöhnlichen Krankenhäusern überwiesen.

Die aussergewöhnlich grosse Säugling-Sterblichkeit hat im Haag Veranlassung gegeben zur Einrichtung eines Vereins, dessen Mitglieder (über hundert Frauen und einige Aerzte) die Säuglinge unbemittelter Mütter regelmässig besuchen, zusehen dass die kleinen richtig genährt und im allgemeinen versorgt werden, wo nöthig und möglich guten Rath erteilen und zusehen dass dieser auch befolgt wird. Das Institut des *goutte de lait* wirkt hierbei ergänzend. Nur selten stossen die Besucherinnen auf Widerstand seitens der Mutter.

Die fast in allen Städten und grösseren Dorfern aussässige Vereine "Mütterliche Wohlthätigkeit" verabreicht an arme zukünftige Mütter eine kleine Aussteuer für das Kind, und in der ersten Woche nach dessen Geburt einigen Lebensunterhalt für die Mutter, was indirect auch dem Kinde zugute kommt.

Der Verein "Mutterschutz" sorgt hauptsächlich für uneheliche Neugeborene, nimmt in ihrer zwei Heimen in Amsterdam und Haag jedoch auch einige eheliche Kinder auf wenn die Mütter sie nicht bei sich behalten können. Die Kinder können dort bis zum zweiten Lebensjahre bleiben, wofür die Mütter nach Kräften zahlen sollen. In Zetten besteht ein ähnliches Heim, welches einen ausgeprägt religiösen Character hat, also nicht für Alle willkommen ist.

In manchen Gemeinden wird vom Standesamt eine Brochüre über die Pflege der Säuglinge verabreicht so oft eine Geburt angemeldet wird. Ausser auf die Nahrung wird hierbei speciell auf die Pflege der Augen des Neugeborenen gewiesen.

## SCHOOL HYGIENE.

- (a) Is the teaching of hygiene and domestic science compulsory in the training of both teachers and children, and how much time is given to it?

*Nein.* Die Lehrer dürfen unabsichtlich (in Veranlassung des Gelehrten) einiges darüber sagen, officiell geschieht dies nicht; nur ist von der Regierung eine Anschreibung ausgegangen darauf hingehend dass die Lehrer die Kinder aufmerksam machen müssen auf die schädlichen Folge des Alcohol-Gebrauchs.

## (b) Are your school buildings sanitary?

Von den öffentlichen Schulen kann dies entschieden bejahend beantwortet werden; die Privat-Schulen sind in dieser Hinsicht ziemlich frei, so dass von ihnen in dieser Hinsicht nichts mit Sicherheit zu sagen ist. In kleinen Dörfern lässt vielleicht die Reinlichkeit in Bezug auf Staub auf den Boden zu wünschen übrig; das Bureau für Frauenarbeit hat über diesen Punkt (das rein und Staubfrei halten der öffentlichen Schulen) bereits eine Untersuchung eingeleitet. Das Gesetz bestimmt wieviel kubik Meter Raum jedes Kind in der Schule haben muss.

## (c) Have you medical inspection of schools and school children?

In einigen Städten giebt es ärztliche Aufsicht der Schulen, aber sie ist nicht vom Gesetz vorgeschrieben. Wohl sind überall die Gebäude der öffentlichen Schulen einer Inspection unterworfen, die auch die gesundheitliche Seite berücksichtigt. Das Institut der Schulärzte ist nur noch sporadisch vertreten, jedoch im Vorwärtsschreiten begriffen.

**TUBERCULOSIS.**

(a) Please quote the latest figures of mortality from tuberculosis, as compared with other diseases.

Mortality per 10,000 of the population of either sex from:—

	Tuberculosis.			Other Diseases.		
	Men.	Women.	Total.	Men.	Women.	Total.
1901	19·89	18·88	= 38·77	160·53	144·88	= 305·21
1902	19·29	18·15	= 37·44	149·25	138·57	= 287·82
1903	19·48	18·24	= 37·72	143·95	129·91	= 273·86
1904	19·89	17·98	= 37·87	146·07	135·58	= 281·65
1905	18·16	17·71	= 35·87	140·74	129·61	= 270·35
1906	17·61	17·97	= 35·58	134·19	125·96	= 260·15
1907	17·06	17·48	= 34·54	133·22	124·27	= 257·49

1908-9 statistics have not been published yet.

(b) Have you a system of compulsory or voluntary notification?

*Nein.*

(c) What provisions are you making for—(1) advanced cases;  
(2) early cases?

Der Kampf gegen die Tuberculose wurde zum ersten Male kräftig und planmässig angebunden i. J. 1898: das Geld, damals vom ganzen Volke zusammengebracht zur Stiftung eines Andenkens an die damals als Regentin Abdicirende Königin Emma, wurde von dieser Hohen Frau bestimmt zu einer Heilstätte für unbemittelte Tuberculose-Kranke. Die Hohe Spenderin gab als Geschenk ihrerseits dazu einen ihrer Sommer-Aufenthalte als Terrain und die Benutzung des daraufstehenden Palastes als Verwaltungsgebäude. Bald darauf wurde vom neu-errichteten "Verein zur Bekämpfung der Tuberculose" eine ähnliche Heilstätte gestiftet; letztere nimmt nur Patienten im ersten Stadium auf, und über 16 Jahre alt, die Kosten betragen f2. täglich, während es einige Freibetten gibt, ebenso wie auf Oranje-Nassau-Oosd, den obengenannten ehemaligen königlichen Palais. Die Abteilung Amsterdam des genannten Vereins hat ihr eigenes Sanatorium in Haag-Laren (Provinz Noord-Holland) auch nicht Amsterdamer werden dort aufgenommen; Kosten f2. täglich (in diesem Vereins-Vorstand sitzen keine Frauen). In Scheveningen werden in der Sophia-Stiftung (errichtet in Erinnerung an die vorige Königin, Sophie) Kinder aufgenommen, die in Anfangs-Stadium des Tuberculosis sind; auch das von einem Rotterdamer Herrn in Katwyk errichtete Sanatorium ist nur für Kinder bestimmt. Ausserdem gibt es mehrere von Vereinen, Privat-Personen, Aerzten oder Actien-Gesellschaften begründete Sanatoria, so in Nunspeet, Norderwyck, Putten, Scheveningen, Oost-Kapelle, Heiloo bei Alkmaar, Doorn.

(d) What measures are you taking to prevent and stamp out the disease?

Wir haben in den grossen Städten "Consultation Bureaux," wo jeder im Verdacht von Tuberculose, unentgeltlich Rath und womöglich auch Hülfe findet,—das beissetz Nahrung, Liege-Sessel, Sputum-Fläschchen, und so weiter,—und von welchem Bureau aus regelmässig controlirt wird. Auch gibt es in Rotterdam und Haag drehbare Liegehallen ausserhalb der Stadt; im Haag können die Patienten im angrenzenden Hause übernachten. Von Verein Diaconissen-Arbeit werden im Haag Menschen und Kinder, die im Tuberculose Gefahr verkehren tagsüber an dem Strand oder in die Dünen befördert, um dort unter Aufsicht frische Luft einzuathmen.

Vorbeugend wirken die in allen trams angebrachten Aufschriften nicht im Wagen zu spucken; ferner die hunderten von



unbemittelten Kindern zu Gute kommenden Gesundheits-Kolonien und Ferien-Aufenthalte; Ruhestätten für Schwache jedes Alters (gratis oder gegen geringen Pensionspreis), da man ausgeht von der Annahme dass schlecht genährte, überarbeitete, schwache Personen leicht der Krankheit zu Opfer fallen, auch ohne vorherige Anlage. Es dringt die Idee sehr durch dass Genesung besonders am Meeresstrand auch im Winter fortschreite; es sind deshalb einige Sanatoria auch Winters geöffnet. In den Dörfern in deren Nähe die Sanatoria sich befinden, widmen sich stets mehr Personen der Aufnahme von Tuberculose-Patienten in Privat-häusern zwecks eigenem Lebens-Unterhalt; die Sanatorium-Aerzte sehen zu dass die Einrichtung jener Pensionen der Anforderungen entspreche und behandeln die Kranke; auf das "Liege im Freien" sind alle jene Pensionen eingerichtet.

Es besteht in Holland ein "Verein zur Bewachung der Interessen von Holländischen Lungenkranken in Davos," welcher Verein dort ein eignes Sanatorium für unbemittelte hat. Der Verein zur Bekämpfung der Tuberculose ist über das ganze Land verbreitet und lässt sich angelegen sein, bessere Begriffe zu verbreiten über die Krankheit und ihre Vorbeugung. Ebenso wirkt in dieser Richtung Alles was Wohnungs-Verbesserung anbetrifft, sowie die Wohnungs-Inspectricen, welche zum Beispiel in Haarlem zu gleicher Zeit Administratricen des obengenannten Vereins ist. Die grossen Gemeinde, sowie einige Provinzial-Behörde, subsidieren den Verein, während die Regierung einen Credit eröffnet hat zur Erwägung der Mittel um die Seuche zu wehren.

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[The succeeding portions of the Report from the Netherlands have been translated into English and condensed from the original Report of 1906.—Ed.]

## THE CONDITIONS UNDER WHICH WORKING WOMEN CARRY ON INDUSTRIAL LABOUR.

The *Labour Law* contains regulations on the prevention of excessive and dangerous work being done by women and young people.

The *Insurance Law* provides for the protection of employees in factories and workshops, and applies to men and women alike. This Law defines factories and workshops as places where machinery or furnaces are used, or where ten or more persons are usually employed; also premises where work in flax is carried on.

**WOMEN IN TRADES AND INDUSTRIES.**

According to the latest trade census, 31st December, 1899, the number of women workers officially recognised was 433,399:—

Groups I.-XVII. (Industry)—17,109 married and 70,065 unmarried women.

Group XVIII. (Field work)—28,251 married and 51,333 unmarried women.

Groups I.-XXXIII. (total number)—97,773 married and 335,626 unmarried women.

The trades to which the Labour Law applies are chiefly industrial trades. The following are the relative numbers of women employed:—

Groups.		Married Women.	Unmarried Women.
I.	Manufactures of stoneware, glass, lime, and bricks	587	1,730
II.	Cutting of diamonds and other precious stones .	49	1,042
III.	Printing and lithographing and the like . . .	28	119
IV.	Building trades, cleaning of buildings . . .	391	132
V.	Chemical industries . . . . .	114	1,489
VI.	Work in wood, cork, straw, and the like . . .	270	581
VII.	Clothing and cleaning establishments (including laundries and laundresses)	10,914	44,572
VIII.	Skilled trades . . . . .	69	320
IX.	Work in leather, wax-cloth, india-rubber . . .	279	1,103
X.	Work in ore, coal, turf . . . . .	679	838
XI.	Metal work . . . . .	265	414
XII.	Manufacture of mechanical tools and instruments	33	416
XIII.	Building of ships and carriages . . . . .	84	12
XIV.	Papermaking . . . . .	124	816
XV.	Textile industries . . . . .	1,485	13,123
XVI.	Manufacture of gas and electricity . . . . .	2	9
XVII.	Preparation of articles of food and luxuries . .	1,744	3,340
	Total . . . . .	17,109	70,065

The chief branches of work not affected by the Labour Law are agriculture, cattle-breeding, household and stable work, work in churches, pharmacies, and shops—not considered as workshops under this law; while work in mines is prohibited to women, as it necessitates labour underground.

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## HOURS OF WORK.

The maximum working day for women is fixed by this law at 11 hours—between 5 o'clock a.m. and 7 p.m. These hours are arbitrarily fixed, and are inconvenient for many persons, to judge by the fact that uncontrolled working women (seamstresses, milliners, laundresses, etc.) almost invariably choose other than the above hours, whether it be on account of the heat, or the darkness, or the cold, or to enable them to do their household work, or to obtain a longer mid-day interval.

Overtime is granted in cases of special pressure of work (as season work), but is limited to, at the most, two hours daily and six days in the year, and only then after permission has been obtained. A few trades have special time regulations; for example, herring workers may be employed till 2 a.m., on condition that they are medically certified as able to work so late without injury to their health; women in an advanced state of pregnancy may only be employed till 10 p.m. This permission is given because the herrings are only brought in at night, and must immediately be prepared. There are, however, some regulations laid down as to locality, and means of warming themselves must be afforded to the women, and a sufficient quantity of good drinking-water provided from 10 p.m.; alcoholic drinks are forbidden. Women may also undertake certain duties on Sundays in butter and cheese factories.

Special concessions are also made for women employed in factories for condensed milk, glass-blowing, needlework, netmaking, bricks and tiles, preserved foods, and smoked fish; also for those who work in laundries and in factories driven by hydraulic or wind power. The working day, however, remains fixed at 11 hours, and the partial prohibition of Sunday labour only applies to boys under 16 years, to women employed in certain work in dairies, and to boys employed in newspaper-printing, yeast-packing, glass-blowing, and in the cleaning of steamers.

## PROHIBITED FORMS OF WORK.

The Labour Law also prohibits women from working in factories and workshops for four weeks after confinement.

By Royal declaration of 16th May, 1903 (altered on 4th November, 1903), women are prohibited from work in certain factories and workshops, chiefly in those where the atmosphere is polluted with poison, dangerous gases, and dust, or where the machinery is dangerous; also in badly-lighted premises and in brick factories for certain branches of the work. This prohibition applies absolutely in many cases (*e.g.*, for work in underground mines); in many other places it applies only when certain conditions are not fulfilled, *viz.*: (1) medical supervision in case of work with lead in glazing quicksilver, white phosphorus, and other substances which exude or form poisonous gases; for those employed in such work medical examination is required every two months; (2) that the physical condition of those employed is such that the work does not endanger their lives (*e.g.*, the night work in connection with the herring industry); (3) sufficient size of premises, cleanliness of the floor, and lavatories; (4) upper garments. In respect to (3) and (4), the measures are in compliance with the demands of the Insurance Law.

The Insurance Law regulates what proportion of fresh air is required for each factory-worker in proportion to the height of the work-rooms, the ventilation, and lighting. It also lays down precautions against fire and accidents through fire, and appoints the fittings of cloak-rooms, restaurants (where they are found necessary), and water-closets. The Law contains further regulations for the promotion of cleanliness (cleanliness of work-rooms, lavatories, etc.), of a healthy atmosphere, of removing injurious exhalations, gases, and dust; on the prevention of accident by tools, through the falling of heavy articles, boiling liquids, and the like, and for the application of precautionary apparatus for parts of the machinery and tools. Special consideration is given to cases of persons whose employments compel them to work in rooms where there is an unavoidably high or low temperature, or where injurious gases, exhalations, or dust are present, and the working time is regulated by the inspector of work. Provision is also made to ensure a supply of good drinking-water. These matters are regulated in detail by Royal declaration.

It is often said regarding factory work that the object of the

Labour Law is lost: for example, ironers often do private work after seven o'clock in the evening, and seamstresses work for their own customers. The reduction in the number of the working hours has brought reduction of wages to those paid by the hour, and, as a consequence, they are obliged to earn the necessary money for themselves after hours.

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## HOME WORKERS.

Shoe embroiderers often work at home, and the shelling of shrimps has become almost entirely a home occupation, for it cannot be regulated to officially-appointed hours, since the catching of shrimps depends on the ebb and flow of the tide. Tobacco-cutting is also very generally a home occupation, and those employed in the making of ready-made garments also do part of their work at home. The diamond-cutting industry is often carried on in the homes of the workers, but in this branch of labour the working hours are not long, and the wages are good, and are at the same rate for both men and women. Special conditions control the knitting industry, which has increased as a home occupation, in spite of the introduction of knitting machines.

The worker is very dependent upon her employer. On account of the inconveniences of the Labour Law, the employer gets the work done more and more in the homes of his workpeople—thus, the workers must each buy a knitting machine from him, which they pay by instalments, the total cost being from 150-200 frs., about 25-60 frs. above the cash price. Wool is bought on the same principle. Should the machine at last become the property of the worker, her employer on some pretext insists on introducing "piece-work," and should she then try to find employment elsewhere, she seldom succeeds, owing to the fact that she has already bought her machine. The knitter has, as a rule, only one assistant, and thus her working hours escape control.

The wages of home workers are still very poor. In the weaving of woollen stuffs, for example (Tilburg, etc.), the woman helps her husband, or father, as the case may be, with the spools; together they earn scarcely 7 frs. per week, working in summer 15-16 hours, and in winter (to save fire and light) from 11-12 hours daily. Often their earnings fall to from 4-5 frs. In linen weaving (Nunen, Eindhoven, etc.) the wages are still less, yet in this branch of the

occupation the workers nearly all have a small field for potatoes and vegetables, and a milk goat. In Goirle, near Tilburg, where chiefly sacks for salt and onion transport are made, the conditions are similar, while in Clinge (Province of Zeeland) the women earn from 25-50 cents daily by making bone-lace, while about 40 cents daily is paid for the weeding of flax, working hours being from 5 a.m. to 6 p.m., with two intervals of one hour each for rest.

In furniture and upholstery trades, home work has greatly increased since the introduction of the Labour Law. It is a shameful certainty that the wages for plain sewing (ready-made articles of dress) are shockingly low.

In all of the above-mentioned fields of labour nothing is officially done to improve the conditions under which women work, for these occupations lie outside the operation of the Labour Law.

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### HARDSHIPS INDUCED BY LEGAL INEQUALITY OF THE SEXES.

Shortly after the introduction of the Labour Law—that is, of the 11-hours day for women and children—several manufacturers (especially in the brick industry, book-printing offices, cigar factories, and laundries) reduced the working day for men to the same limit. This fact seems to promise the possibility of the introduction of the 11-hours day for men—a measure desired by so many women. Complete abolition of Sunday labour was also established in many places without disadvantage to the employer. Were these reductions of labour made compulsory by Law for men, as they now are for women, then the latter would not be discharged on account of the inconvenience of the shorter working-hours and replaced by men.

It is known, from official sources, that since the passing of the Labour Law many women (especially married women) have been replaced by men in the industrial trades. The employers find the required formalities (cards and lists) burdensome, while, in addition, the men were obliged to take up the work which the women, owing to their short hours, had not been in a position to complete (*e.g.*, in the weaving trade). In the enamelling industry, this replacing has gone so far that to-day there are no women employed in it. A manufacturer of fishing-nets announces:—"Before the

passing of the Labour Law, I employed only girls; now I employ only boys and men." A brick manufacturer says:—"I have gradually replaced women and girls by men and boys." Another writes: "All women and girls are replaced." Where are these "replaced" workers now working?—Seldom, indeed, under better conditions or for better wages, for, if this had been possible, they would have seized the opportunity earlier. It is to be feared that a number of them continue their former occupations as home industries, and a number have found employment in inferior trades. This means worse conditions or less wages, worse dwellings, worse food, and, consequently, injury to health, instead of the improvement aimed at by the Labour Law.

Since no one has inquired what has become of these discharged women, whether in hygienic respects they are not worse situated than formerly, the Law has assumed an attitude of complacency for which it has no warrant. The above-mentioned disadvantageous consequences would disappear as soon as the Law was extended to men. The inequality under the employer would then disappear, and there would therefore be no reason for the dismissal of women. It would become unnecessary for anyone to work under needlessly unfavourable circumstances or for too long a time, more especially if the Law were applied to those trades at present outside its range.

One party of men desires a law without exceptions—that is, that workers would be considered as individuals and not classified according to sex. In an introductory essay in the commercial paper "Der Textilarbeiter," of 18th February, 1903, an appeal to women was made, in which it was foretold that women (on account of the shortened working day and other inconveniences of the Labour Law) would be dismissed, not in tens, but in hundreds. Then followed an appeal for a united struggle to obtain a shorter working day for all, first, of 11 hours, and, later, of 10 hours. In this way all would be employed, and the women would be enabled to pursue their usual calling. They therefore urge the women to become members of a trades union.

Another hardship which women have to contend against is, that under the provisions of the Labour Law they are placed on an equality with children, often, indeed, below boys of under 16 years—for example, as regards Sunday work. There is no fair ground for this general equality with children, for many circumstances combine in affecting boys over 16 years as unfavourably as they affect women,

and, on the other hand, are of just as little advantage to women as to boys over 16 years and men.

This official equalising of women with boys under 16 years, and the fact that they are often superseded by the latter, affects very unfavourably the already rather low value set upon women's work, proved by the inferior wages paid them for the same work.

A further hardship is the generalisation of all women. What is forbidden to a strong woman is permitted to a delicate boy over 16 years, and regulations "for relief from work for the sake of the family" unfavourably affect the work (and, therefore, the wages) of more than 70,000 women in factories and workshops who have no family. These two considerations make it hard to believe that these regulations are made for the improvement of women and their families, as is officially insisted upon.

The woman occupies a different position as regards the Insurance Law. This Law employs, with very few exceptions, the term "workers," and extends its provisions and precautionary regulations to women equally with men, and ought, therefore, to be appreciated, for it creates no sort of disadvantage.

## CONCLUDING REMARKS.

The foregoing has been written with the view of suggesting what women in other Councils can do in this sphere to influence public opinion, and I would suggest to women in countries where no Labour Law yet exists, to struggle to accomplish the following:—

That a law should be obtained which would protect all adults as much as possible from excessive and needlessly dangerous work; further, that regulations should be added to exclude completely young people (children from 14 to 16 years, always according to climate and national circumstances) from factory work and the like. In trades where medical examination is desirable, it should be demanded for every individual (not according to sex)—a measure which at the same time would be a great advantage to the sickness insurance.

It is as undesirable for the individual as for the race and the future generations that a man as well as a woman should be employed at work injurious to health. It ought further to be stipulated that unnecessarily dangerous work or work injurious to health should not be demanded from anyone (by the absolute pro-



hibition of the use of white phosphorus—a regulation which already applies to Holland—and of glazes containing lead, etc.), nor should anyone be forced to work under needlessly disadvantageous conditions: commerce and science will find other means of attaining the same ends.

It should further be demanded, in the interests of the general welfare, that women be prohibited from heavy work (standing for long periods, lifting heavy weights, washing, etc.), whether in factories, workshops, or in their own homes, for from two to three weeks before and six weeks after confinement. The wages thus lost to them should be made good by the community or state who reap the benefit of the measure. As regards the work in their own homes which so far they have been accustomed to do themselves, they could continue to do so, secure in the knowledge that the state allowance is paid to them for this purpose.

Public health will, in my opinion, be promoted by the adoption of these proposed regulations for protecting the health of working women, men, and young people from the disadvantages that result from one-sided legislation for women.

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## Tasmania.

### National Council of Women.

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## Report on Public Health.

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### INFANT MORTALITY.

- (a)\* For the year 1907-8, the infant mortality rate is 83 per 1,000 for the whole of Tasmania, the rate being higher in the cities than in the country. It shows a slight fall in 1908, but there is nothing to indicate that this is permanent.
- (b) Pamphlets written by the Chief Health Officer are distributed to mothers and others having the care of babies. These papers, which deal with the rearing and care of infants and children, are given out by the registrars of births, and they are also distributed among the elder girls of the state schools. The Women's Health Association arranges a series of health lectures to mothers and women generally, through the winter, by experts. Dr. Gertrude Halley has addressed 1,200 mothers during this year.
- (c) Boarded-out illegitimate children are regularly inspected by officially appointed persons, one or more being nurse-inspectors (women), appointed conjointly by the Hobart District Nursing Association and the Society for the Protection of Children. These boarded-out children contribute only one-seventh of the total number of infantile deaths.

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\* The small letters refer to definite questions that were set by the President of the International Council of Women; they may be read in full in the Health Report for Great Britain and Ireland, p. 63.

The work done by the District Nursing Association during the past twelve months has been the work of inspecting and nursing the babies who are in the various registered nursing homes in the city and suburbs. Each person receiving a child must have a licence from the Commissioner of Police. The nurses inspect these homes every week, see every child, note the condition of the homes and children, nurse them in sickness, and also provide necessary nourishment from a fund provided by Government, who pay the salary of one nurse to do nothing else but the work of inspecting and nursing children. This work is increasing very rapidly; every week more homes are licensed. The nurses have to inform the Commissioner of Police as to the fitness of the women licensed, and fill in the various forms, etc., at the Commissioner's office. This inspection helps to improve the children's condition most materially. The police do their best to help the nurses.

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## SCHOOL HYGIENE.

(a) State school teachers receive at the training college lectures on school hygiene once a week for two terms. Children in state schools are not taught hygiene.

Dr. Gertrude Halley, one of the medical inspectors, systematically visits country schools, examines all children present, advises teachers as to the hygienic management of their schools, arranges for notification of defects found, delivers addresses to parents on health matters, and lectures on school hygiene at the training college.

(b) Decided improvements have been effected in the sanitation of many state schools during the past four years. New buildings are constructed on good sanitary lines. The medical inspection of schools system and the Department of Public Health are not concerned with structural questions, the matter resting wholly with the Director of Education.

(c) Three medical inspectors are employed (one a lady). Their work is directed by the Chief Health Officer in an honorary capacity.

A medical inspector visits each state school at least once a week, and usually much oftener. All new scholars in city

state schools are examined on commencing attendance, or shortly after. Their chief physical characteristics are then entered in a card index, together with the disease history [*e.g.*, measles] or other salient features. Advice is given to the teacher, and the parents notified when necessary.

Children selected by teachers as presenting any physical defect are examined in detail. The children are also inspected at work.

On notification of infectious diseases, the medical inspectors take steps to exclude from schools any children likely to convey infection.

A watch is kept for non-notifiable communicable diseases, to secure early exclusion of sufferers and contacts. Specific instructions to teachers, in connection with periods of exclusion for communicable diseases, are issued.

Medical treatment is not undertaken, though parents are notified concerning all conditions requiring medical attention. Medical inspectors advise teachers in respect of defective children, with a view to avoiding or mitigating the defect—for example, a short-sighted child is transferred to a better-lit part of the schoolroom, and unnecessary eye-stress avoided. Deafness, curvature of the spine, and other defects are similarly capable of considerable mitigation at school.

The education of children in these matters is likely to prove an important factor in securing popular acceptance of public health measures in after-years.

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## INDUSTRIAL WORKERS.

- (a) The notices required by "The Women's and Children's Employment Act" must be posted in a conspicuous place, so as to be easily read. One notice must be in each room or place in a factory where any woman, young person, or child is employed, and must specify the hours of employment in the workroom or factory. A true copy of each such notice, signed by the employer, is required by the Act to be forwarded to the Mayor or the Warden (as the case may be) of the district.
- (b) The numbers employed in each room, or part, are counted, and

entered up when the rooms are inspected. The employment of children under the statutory age (13 years), or of young persons or children, for periods not permitted by the Exemption Clause of the Act, are inquired into, if necessary, at the same time.

- (c) The Act also provides for the inspection of closets, requiring that they should be up to a distinctly good standard, and must afford proper privacy in access and use. It requires that no foulness, bad odour, nor dirtiness of any kind should be passed. The Act likewise directs that closets be kept in good order, and be cleansed daily.
- (d) The Act insists upon proper ventilation, and, in determining the cause of defective ventilation, inspectors are directed to take the following matters into account:—(1) Whether overcrowding exists; (2) whether the ventilating appliances (including windows, chimneys, etc.) provided are insufficient; (3) whether they are sufficient as constructed, but are closed up on account of cold weather or for other reasons.

In any case of doubt the officer of health is requested to inspect and decide as to whether he considers that the arrangements for warming and ventilation are sufficient.

Sufficient sitting accommodation must be provided for saleswomen in retail places of business.

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## TUBERCULOSIS.

- (a) Tuberculosis is the greatest single cause of death at the 15-to-45 age period in Tasmania. Out of 157 deaths from tubercular disease occurring in Tasmania in 1907, 113 were due to consumption (pulmonary tuberculosis).
- (b) The necessary powers for making pulmonary tuberculosis, with cavity formation, a notifiable disease now exist, but recommendation has been made, and is now under consideration, to limit sections that would press unduly on sufferers from this cause.

Tuberculosis and cancer are, unfortunately, among the non-notifiable diseases at present (except, as stated above, when tuberculosis takes the pulmonary form, with cavity formation).

The National Council of Women and the Women's Health Association have appealed to the Government to place tuberculosis among notifiable diseases, and, as the Chief Health Officer uses all his influence to the same end, no doubt this will be soon achieved.

(c) No deliberate provision is made for advanced cases.

A private philanthropic consumptive sanatorium receives cases in the incipient and early stages, following the system of open-air treatment. It has a Government subsidy of £ for £, and does excellent work.

Dr. Walter Tofft has, in the Midlands, a consumptive sanatorium for paying-patients, which also does good work.

(d) An excellent pamphlet upon "Consumption: What It Is and What It Does," was compiled by the Chief Health Officer in 1904, and is distributed by the Department of Public Health when opportunity occurs, and also by the Women's Health Association, District Nursing Association, and health inspectors. This pamphlet explains the way in which the disease is spread, how to prevent its spreading, and disinfection, in clear and simple language.

Disinfection of premises where a consumptive dies is carried out in Hobart, but, as no compulsory notification system exists with regard to death, the process is of necessity uncertain in application.

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*This Council is greatly indebted to the Chief Health Officer (Dr. Elkington) and the hon. secretary of the District Nursing Association for most of the above information.*

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## New South Wales.

### National Council of Women.

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## Report on Public Health.

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According to the latest available statistics the death-rate in New South Wales is one of the lowest in the world, being only 10.13 per cent. of the population.

With regard to the reasons for the excellent condition of public health in New South Wales, they may be traced to the extremely practical way in which legislation lays down preventive methods and presses them home upon the people. For example, in New South Wales there is a law against expectoration in streets and public vehicles, halls, and public places generally. Anyone who realises the thousands of germs of deadly and painful diseases which are being daily and hourly disseminated in the public places of the great cities of the world understands the value of such a preventive law as this against expectoration. In New South Wales a fine of £5. or 125 frs., can be imposed for one such offence against public health and cleanliness.

Again, in New South Wales the happy conditions of labour contribute largely to the maintenance of a high standard of public health. We have here an eight hours' day, an Early Closing Act, and a Factory Act which provides excellent conditions for all employees. It may be said we have successfully demonstrated in New South Wales that the most effective means of combating disease and maintaining a high condition of public health is by the framing and passing of good laws, and undoubtedly the possession of the franchise by women has accelerated the coming of healthful conditions among the homes and the workpeople of all classes and capabilities.

In addition to the ordinary means of educating young people in the schools, older people also have health matters forced upon

their attention. New South Wales has adopted the unique method of placing illustrated post cards on the walls of public buildings throughout the country, with instructions, couched in clear, concise language, as to how to avoid certain diseases and what to do in case of certain accidents. In the little country post offices and in large railway stations printed sheets may be observed, conveying useful information on various matters, from first-aid methods to avoidance of epidemics.\*

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\* The above are a few notes from a speech given at the Geneva meeting of the International Council of Women by the delegate from New South Wales. The full report on health was unfortunately sent to Canada direct, for reading at the Congress, and it was impossible to secure it in time for publication here.—*Ed.*

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## Victoria.

National Council of Women.

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### Report on Public Health,

BY

Dr. MARY STONE.

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#### INFANT MORTALITY.

The death-rate of infants under one year per 1,000 births was 86.07 for the year 1908. This was an increase on the preceding year, when it was 72.6 per 1,000 births. The increase was due to a long-continued spell of exceedingly hot and trying weather, causing the number of deaths from diarrhoeal diseases to be half as large again as in 1907, and causing 36 deaths from heat apoplexy.

The average deaths per 1,000 births for the years 1903-7 was 86.6, so that the 1908 rate was better than the average of the preceding five years, and a great improvement on the rate for the decade 1891-1900, which was 111 per 1,000 births. The decrease in the infant mortality rate is more marked in Melbourne and suburbs than in the rest of the state (in 1907 the rate was about half that for the eight years 1873-80), though still higher in the city than in the rural districts.

#### Teaching Mothers.

Efforts made to teach young mothers how to care for their babies fall far short of what is desirable. By the Australian Health Society free courses of health lectures, or talks, are arranged for women, especially in congested districts, the management and feeding of the baby being one of the subjects dealt with, and questions are invited and answered. Also, in the general lectures arranged by the society, the baby and the improvement of the milk supply

are amongst the subjects treated. Other organisations, especially those formed for the benefit of the less educated women of the community, arrange for talks, given by doctors or nurses, on the feeding of the baby. The nurses working in connection with the Talbot Milk Institute personally instruct mothers receiving the milk for their babies.

### Measures to Reduce Infant Mortality.

This question has occupied much public attention during the past three or four years, especially in view of the much higher death-rate amongst illegitimate and boarded-out children. As a result, in 1907 the Legislature passed an Act amending the Infant Life Protection Act of 1890. Under this Act strict conditions were laid down regarding the eligibility of persons to be entrusted with boarded-out children. Power is given to those administering the Act to establish maternity homes and infant asylums, and to prescribe regulations concerning food and milk supply of infants and the accommodation, care, and management of boarded-out babies. In every district one or more medical practitioners are appointed, to whom the foster-mothers must take their charges on any sign of ill-health. If payments to these foster-mothers by the parents or guardians of the babies become a month in arrears, the children pass, *ipso facto*, into the charge of the State Neglected Children's Department, which thus guarantees payment, and so lessens temptations to negligence, which may prove fatal to the child. Women inspectors are appointed under the Act—three in the metropolitan area and one in the country—to visit the homes where children are boarded out. They supervise, advise, and generally help in keeping up the standard of care given. The number of children allowed to one registered nurse has also been more strictly limited. In the metropolitan area special supervised milk is supplied, where babies require it, by the Lady Talbot Milk Institute. The milk is obtained from tuberculin-tested cows, is carried and kept under as aseptic conditions as possible, is refrigerated, pasteurised, distributed in sealed bottles, and kept in the houses of the poor in special small ice-chests loaned and supplied daily with ice. Nurses visit the homes of those receiving this milk, weighing the babies and instructing the mothers. The milk is supplied at the ordinary milk rate (4d. a quart) where doctors ask for it, and even free in certain districts when necessary. Other babies can receive it on payment

of the cost price (8d. a quart). All who are supplied with the milk also receive printed instructions which especially emphasise the importance of breast-feeding.

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## SCHOOL HYGIENE.

Teaching of hygiene in the state schools is directed to be given to all children over the age of nine years, at least fortnightly, dealing with the laws of health, with temperance, and with the evils of alcohol. All trainees under the Education Department have to study school hygiene, and the female trainees have to take a six-months' course in cookery, as the male students have to take sloyd work. In some schools in the larger centres—Melbourne, Ballarat, etc.—cookery classes are held for girls in the senior class or classes. There is a College of Domestic Economy established in Melbourne, providing courses in domestic economy, cookery, laundry work, needlework, dressmaking, and millinery. These consist of theoretical lectures and practical work. The courses of instruction are arranged to suit—(1) all these desirous of obtaining knowledge in any of the subjects for use in their own homes; (2) those wishing to qualify as teachers; (3) those wishing to take up domestic employment, and make themselves proficient before doing so; (4) those desirous of special training as cooks, laundresses, dressmakers, milliners, housekeepers, housemaids, or waitresses.

### School Buildings.

These are, in the main, sanitary. The newer buildings have been planned according to the most modern ideas as to the requirements *re* space, lighting, ventilation, water supply, etc. As occasion arises or opportunity occurs, the more old-fashioned buildings are renovated and remodelled, with these ideas in view.

### Medical Inspection of Schools and School Children.

Medical inspection has been established in some of the larger public schools, but has not yet been adopted in the state (*i.e.*, the Government) schools, though probably it will shortly be adopted.

## INDUSTRIAL WORKERS.

In the State of Victoria the measures which afford special protection to the health of women and girl workers in factories and shops are the Factories and Shops Acts. These Acts do not affect the whole state, as their operations are confined to cities, towns, and boroughs, and to small portions of shires to which they have been specially extended.

These Acts provide that no child under 13 shall be employed, and that no child under 16 years of age may work in certain trades without a certificate from a certifying medical practitioner that she is fit to work in those trades.

In some trades the production of such a certificate has been dispensed with, but an inspector has power to demand one if he or she should think it necessary. No girl under 16 years of age may work between the hours of six in the evening and six in the morning, and no girl under the age of 18 shall work as a typesetter except within certain prescribed hours.

No woman or girl is allowed to work in rooms where wet-spinning is carried on.

Girls and women are not allowed, except under certain stringent conditions, to work in factories and workrooms more than 48 hours in any week, nor for more than 10 hours in one day, nor after 9 p.m. in the evening.

At least half an hour interval must be allowed for a meal after five hours' work has been done. In certain trades suitable and adequate dressing-rooms must be provided, and special luncheon rooms in trades which have been declared noxious. Every factory, before occupation, must be approved by the council of the municipality in which it is situated, and no factory can be approved unless it is in accordance with the regulations of the Board of Health made under the Factories Acts.

These regulations provide that each factory or workroom must have ample air space in the proportion of not less than 400 cubic feet for each individual working, be in a cleanly condition, have ventilation provided to the extent of 12 square inches of inlet and 12 square inches of outlet for each individual, and be provided with ample means of egress in case of fire.

Heating appliances for warming the building must be put in, if considered necessary by the administrators, and suitable and sufficient lavatory and sanitary accommodation provided.

Provision is also made for limewashing factories every fourteen months and for scrubbing them when required.

All machinery must be securely fenced, so as to be free from danger of accident, and no woman is allowed to clean machinery whilst it is in motion. All accidents to employees must be reported by the employer and an investigation made into the cause, and if negligence on the part of the employer is proved, he is liable to a penalty of £100.

In shops the only health provisions are the providing of sitting accommodation for employees, which they must be allowed to use at all reasonable times; the limitation of hours to 52 hours per week in one class of shop and 60 hours in those shops known as Fourth Schedule, in which hotels, restaurants, etc., are included; and the half holiday from 1 p.m. in one class of shop and from 2 p.m. in Fourth Schedule shops. The proprietors of shops and offices, if so required by a notice from the Board of Health (under the new Factories and Shops Act), must provide proper sanitary accommodation for all employees.

These are the principal health provisions, briefly stated, provided by the Victorian Factories and Shops Acts for the benefit of women and girls.

### TUBERCULOSIS.

The following are the rates of tuberculous disease, as compared with other causes of death, per 10,000 of the population:—

Year.	Con- sumption.	Other Tubercular Diseases.	Typhoid Fever.	Diphtheria.	Cancer.	Pneumonia and Bronchitis.
1870-2 -	13·65	3·79	3·69	5·52	5·84	16·84
1907 - -	9·58	2·09	·71	·79	7·96	11·79

The decrease of the death-rate from tuberculosis is especially marked in the earlier age-periods—in males up to 25, in females in all the age-periods, which from being higher than the male death-rate has become only three-fourths of the male death-rate, the decreased proportion being even more marked for pulmonary tuberculosis than any other forms of tubercular disease.

### **Provision for Cases of Tuberculosis.**

Prior to 1904 only two institutions existed for the special accommodation of cases of tuberculosis, viz. :—

- (a) The Echuca and Macedon Sanatorium, a semi-public institution for early cases of phthisis, accommodating about 60 cases. This was closed in 1908, the premises being unsuitable.
- (b) The Austin Hospital, accommodating about 40 advanced cases.

These institutions were assisted by an annual subsidy from the Government.

In 1904, 40 beds were temporarily provided by the Government at certain country hospitals for about 40 early cases of phthisis. This accommodation has recently been rearranged, and there are now 44 beds, under sanatorium conditions, provided in country hospitals on a permanent basis.

In 1905, the Greenvale Sanatorium was established by the Government for the treatment of early cases. This institution, which opened with 30 beds, has now been extended to accommodate 90 patients.

The Austin Hospital accommodation for advanced cases was extended in 1906, and again in 1908, to accommodate, in all, 120 cases.

There are thus 134 beds available now for early cases and 120 for advanced cases. A movement is now on foot for considerably increasing the provision for cases too advanced for admission to a sanatorium, and it is hoped that at least another 100 beds will be available within two years. It is also anticipated that further sanatorium accommodation will be shortly provided for other 50 cases.

### **Measures taken to stamp out Tuberculosis.**

Notification of pulmonary tuberculosis was rendered compulsory in 25 metropolitan municipal districts in 1903. Since then nine of the larger rural cities and towns have been added to this list. A special form for notification purposes has been adopted, on which special particulars are required to be reported. The law requires reports to be sent both to the board and the local Municipal Council. Patients and their residences in most cases are subject to municipal

observation, and disinfecting measures are carried out, as far as possible, whenever it is ascertained that a change of residence is made by a patient, and also after the death of a patient. By-laws have been made by several municipal councils prohibiting spitting in streets and public places. Action has been taken and is still being taken, especially by the councils of some of the poorer districts, to improve the ventilation and sanitary conditions of dwellings. Measures, such as the Health Acts and the Factories and Shops Acts, have been passed by Parliament, with the view of improving the conditions of public buildings, schools, factories, shops, and other places of work; and the Meat Supervision and Milk Supervision Acts ensure the protection of the public from tubercle-infected food stuffs. As stated before, institutions have been established for the treatment and education of early cases of the disease and for the segregation of advanced cases of the disease. Routine disinfection of the houses vacated by such persons is carried out by the local municipal authorities. Educative information on how to deal with the disease and how to prevent its spread has been widely and freely distributed and advertised by means of placard, sheet, pamphlet, and lecture. As will be seen from the figures quoted, the efforts made have not been fruitless.

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## Queensland.

National Council of Women.

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### Report on Public Health,

BY

Mrs. ANNIE CARVOSSO.

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#### INFANT MORTALITY.

The Health Report for 1907 shows that 86 out of every 1,000 male children, and 67 out of every 1,000 female, died before reaching the age of one year.

Measures have been adopted to spread among the mothers a knowledge of the best methods of feeding and caring for their infants, every house in the poorer districts being visited by a trained woman inspector as soon as possible after the registration of a birth. A crèche has been started in Brisbane, where the children of working women are cared for during the day, and arrangements are being made for the establishment of the Lady Chelmsford Milk Institute, which has for its object the supply of pure milk.

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#### SCHOOL HYGIENE.

Efforts are being made to have temperance and hygiene made compulsory, and included in the school curriculum. Sanitary arrangements receive attention, and it is hoped that medical inspection of schools and school-children will be introduced in the near future. During last year an eye specialist, Dr. Taylor, was commissioned by the Government to visit the schools in the Central and Western districts of Queensland.



## INDUSTRIAL WORKERS.

Inspectors employed by the Government visit factories and workshops, and interest themselves in the conditions under which the employees work.

Instructive and highly educative displays, embracing the wide field of public health, have been organised by the Commissioner of Public Health, Dr. B. B. Ham, and created favourable and lasting impressions on the minds of the public.

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## TUBERCULOSIS.

During the last half of the year 1907 and the first half of 1908 the number of deaths from phthisis was 97. Pulmonary tuberculosis is, according to the Health Act, a notifiable disease, and a staff nurse is employed to visit cases notified, and explain to the patients and those attending them the danger to which they are constantly exposed; the improvement in the surroundings of the patients after a few visits is noticeable. The nurse is welcomed in the homes, the patients realising the benefit they derive from the instruction given to them. Advanced cases are sent to the Diamantina Hospital (for incurables), and great benefit has been derived from a stay in the Jubilee Sanatorium at Dalby of cases in the early stages. These are both Government institutions.

## Italy.

National Council of Women.

Consiglio Nazionale delle Donne Italiane.

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### Report on Public Health,

BY

Mme. MARIA GRASSI KOENEN.

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#### THE FEEDING OF INFANTS.

The following statement embodies the results of an investigation regarding the conditions of life of the child under seven years of age, made in 1905 and 1906:—

Together with Dr. Gugliemetti, I compiled a printed set of questions, and distributed 50,000 copies among doctors and midwives of the kingdom. Dr. Gagliardi gave his support by publishing it in his Medical Review, and explaining its aim.

There were only about a hundred answers—disheartening result indeed! In January, 1906, I distributed another 50,000 copies, and have since had 500 answers. Of these, 100 are from Lombardy, 43 from Emilia, 29 from Naples, 24 from Sicily, 8 from Sardinia and other parts of Italy, 1 from Dalmatia, and 2 from the Trentino district.

1. First of all—and it is truly painful to make the statement—from North to South, including every part of Italy, there seems to be a horror of water.

The child of the lower classes never gets a bath, except the one immediately after its birth, and even that is not given in many cases in the South. It is fortunate for Italy that it is surrounded by the sea; that, at least, is not dreaded by the people in summer. It is the custom to bathe the child now and again in wine, even among

the poorer classes, who drink wine very rarely. They have no idea of cleanliness, and in the country the midwife (*levatrice*) is hardly ever called in—they mostly rely on the quite ignorant women (*mammane*), who have little experience and any number of prejudices.

2. Midwives are not always to be had, even if desired, and there are parishes with as many as 4,000 souls where there are none.
3. Babies are nearly everywhere wrapped up and tied, with arms down, on a cushion; this is more common in the North than the South. The wrapping is given up after the first year, but is continued during the night till its third year. The baby generally sleeps in the same bed with the parents, and if it has a cradle it is constantly swung in a most alarming manner.
4. Mothers generally nurse their babies themselves, and very often till their third year, because they believe that they cannot become pregnant again during that time. But the worst of it is that the baby, although it does not feel the need, is made to eat as well, in order to accustom it to the food the family partakes of, and often after the second week—certainly always after the first month—it is fed with pap made of bread, garlic, and olive oil. Some tell me that these poor little creatures are often fed with soup made of vegetables, beans, potatoes, and bread, not to forget fruit, often sour, which is supposed to harden the gums—and all this soaked in wine. Even among the very poorest classes, when the rest of the family must do without wine, babies get it, as, according to the popular idea, it is strengthening.

Very rarely babies are brought up on other than mother's milk: in cases of necessity goat's milk, not boiled, is used.

By the end of its first year the baby gets of course the same food as the parents, and, worse still, it goes on eating from morning till night, and nearly always has a piece of bread—and that none too clean—in its little hands. It appears that gastro-enteric fever claims an exceedingly large number of victims. The ordinary children's illnesses are aggravated by the entire absence of cleanliness and by the irrational remedies and numberless

prejudices; also by the fact that doctors are hardly ever called in.

Such are the sad conditions of life of the child of the people: they are better or worse according to the station of life of their parents and their surroundings.

A great deal could be done if the Council of Women of Italy were to take the matter in hand, and give lectures and lessons on hygiene to the women of the lower classes. The appalling infant mortality in our country could thus be decreased.

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### **SCHOOL HYGIENE.**

In Italy the teaching of hygiene and domestic economy is compulsory in the elementary schools and in the preparatory schools for teachers. In the elementary schools occasional courses are given, but in the schools for pupil teachers about a third of the science course is devoted to the study of the leading principles of health and sanitation.

All the recent school buildings in Rome are in accordance with the best rules of modern hygiene.

In every municipality of Italy school physicians are appointed, who visit the schools frequently, in order to report to the municipality on the hygienic conditions of the premises and the physical state of the scholars.

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### **FACTORY WORKERS.**

There are clearly defined laws relating to the employment of women and children in factories and workshops, and regulations with regard to the sanitary conditions. These laws are strictly enforced, as may be seen, for instance, in the "Report presented to the Ministry of Finance on the hygienic and sanitary conditions of the manufacture of tobacco in Italy."

The tobacco manufactories of Rome are heated by means of American stoves placed in the working premises, and ventilation is secured by means of Wolpert deflectors. Sufficient space and volume of air is allowed for each person.

Various provident institutions are under the control of the

workers in the manufactories, and insurance against illness, invalidity, and old age is compulsory.

There are **Mutual Aid Societies** which have a system of payment to the deserving sick and to those in receipt of an allowance for a confinement.

Other arrangements for the benefit of the tobacco workers are:— Kitchens on the co-operative system; providence and loan societies; subsidies for necessitous cases—that is, for widows and orphans of workers who have died whilst engaged in their labours; free transport of workers to and from the manufactory and the city.

Girls are put to the easiest forms of labour. The custom of making use of females in portrage work is abolished, and it is made compulsory that the heavier work of preparing the raw material should be done by men. Moreover, the application of mechanical force is freely taken advantage of in all laborious transport.

The working hours are from 8 to 4, with an hour off for dinner and rest, so that the actual working hours are reduced to seven daily.

Certain tobacco manufactories where the premises used to be dark and dirty have now been reconstructed or greatly improved and enlarged, and new heating installations have been added, better ventilation introduced, and cleanliness and other hygienic provisions insisted upon.

In some tobacco manufactories co-operative kitchens are at work, with the best results, so that any member of the staff can be provided with meals inside the establishment at a limited expense, and can be certain of having wholesome and well-prepared food. The workrooms of one manufactory in Rome have wooden floors, covered with asphalt. The closets are in closed compartments, the seats are of marble, and there are abundant supplies of water from automatic flushing tanks. The tip-up earthen washhand basins permit each worker to have fresh water.

At the same manufactory some premises on the ground-floor have been recently adapted as a crèche for the children of the women workers, who may suckle their infants there. The first room is devoted to mothers who are suckling; near this is the medical room, further on a place of recreation for the children, and still further a capacious dormitory of more than fifty cradles. From one of the halls is a flight of steps leading to the kitchen regions, where there is, first, a room for the despatch of the various

services; at one side there is a room for laundry purposes, and another, heated by a thermosiphone, for drying the linen. The same apparatus, situated under the children's recreation room, heats the various departments, which are all well lighted, well aired, and fitted up with all appliances.

## TUBERCULOSIS.

### Statistics of Mortality through Tuberculosis in relation to other maladies.

The following comparative table shows the number of deaths per 1,000,000 inhabitants in 1888 and in 1906:—

	In 1888.	In 1906.
Through Tuberculosis . . . . .	2,125	1,657
„ Smallpox . . . . .	607	5
„ Diphtheria . . . . .	861	127
„ Typhoid fever . . . . .	800	281
„ Puerperal fever . . . . .	82	30
„ Scarlatina . . . . .	303	81
„ Measles . . . . .	703	290
„ Malaria . . . . .	536	145
„ Pellagra . . . . .	117	60

For the tuberculous at Rome it is compulsory that notice be given of the sick in communities living in common, of cases in the hospitals, of change of domicile, and of deaths.

Beyond compulsory notification in the cases above stated, there are no legal provisions in existence for the tuberculous. If they are poor, and in an advanced stage of the disease, they are taken into the hospitals, and placed in the ward for tuberculosis. If cases are in the incipient stage they are sent either to the hills or to the seaside, according to the physical and pecuniary condition of the patient.

There are, however, voluntary associations that endeavour to assist in the prevention and treatment of tuberculosis, and maintain dispensaries, sanatoria, etc.

In some of the railway carriages there are printed tablets.

giving a clear statement of rules for the prevention of tuberculosis. In public places, trams, etc., there are placards prohibiting spitting. At Rome, on the initiative of the Hygiene Section of the National Council of Italian Women, anti-tuberculosis lectures were given to the people, in connection with the outdoor medical relief, during the winter of 1908, and leaflets were distributed containing the elementary rules of hygiene.

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## France.

National Council of Women.

Conseil National des Femmes Françaises.

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### Rapports sur l'Hygiène Publique.

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#### L'HYGIÈNE DES ENFANTS EN FRANCE,

PAR

Mme. ALPHEN-SALVADOR (Mai 1909).

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“ Il est vrai qu'en France on ne naît pas assez, mais il est vrai aussi qu'on meurt trop ” disait Waldeck Rousseau, l'éminent homme d'État. La seconde partie de cette phrase ne saurait mieux s'appliquer qu'aux nourrissons.

D'après la statistique établie par M. Bertillon, de 1896 à 1900 il est mort en France une moyenne de 134,434 enfants de 0 à un an, par année.

La Ligue contre la Mortalité infantile, fondée en 1902, par M. le Sénateur Paul Strauss et par le professeur Budin, s'est chargée de coordonner tous les efforts entrepris pour diminuer cette mortalité. Elle a successivement organisé avec le concours du Conseil Municipal de Paris une série de conférences destinées à l'éducation des mères. Ce mouvement s'est étendu en province où des conférences ont été faites.

Cependant, si excellent qu'il soit, cet enseignement théorique n'aurait pas suffi à porter ses fruits si on ne lui avait joint un enseignement pratique par la consultation de nourrissons et un aide, grâce aux “ Gouttes de Lait, ” qui sont de simples distributions de lait répondant à toutes les exigences de l'hygiène.

Les consultations de nourrissons se sont répandues de toutes



parts, grâce à l'initiative privée. Leur but est de surveiller médicalement le développement des enfants du premier âge et de donner à la mère ou à la nourrice des conseils lui permettant de maintenir ou de ramener son nourrisson à l'état normal.

Les unes sont publiques, d'autres comme le "Sou des Nourrissons" annexé à l'École professionnelle d'Assistance aux Malades sont des fondations privées.

Les enfants sont amenés chaque semaine à la consultation qui leur est ouverte jusqu'à l'âge de 18 mois. Tous sont inscrits sur un registre et ont une fiche où sont notés leur poids et toutes les particularités de leur développement.

On remarque ces dernières années que grâce aux consultations de nourrissons l'allaitement maternel a beaucoup augmenté et devient de plus en plus régulier dans son fonctionnement.

La consultation de nourrissons ne fait en aucun cas double emploi avec les cliniques d'enfants, on se borne à y soigner les petits malades, mais jamais les maladies caractérisées.

Le total des enfants qui ont suivi les consultations de l'Assistance publique s'est élevé à 1408, donnant 20,009 présences, et auxquelles une distribution de 184,148 litres de lait a été faite.

Des consultations de nourrissons s'organisent aussi en province et jusque dans la campagne.

Le département d'Indre et Loire nous servira de modèle pour faire connaître le développement de ce mouvement en province.

Son Conseil général alloue toute une série de subventions aux mères nécessiteuses. Ces subventions qui sont de 25 francs par mois de la naissance au 7<sup>ème</sup> mois et de 20 francs du 8<sup>ème</sup> au 12<sup>ème</sup> mois pour les mères qui élèvent leur enfant au sein n'atteignent que 16 francs par mois pendant toute la première année pour les mères qui n'élèvent qu'au biberon et descendent à 10 francs par mois pour celles qui placent leur enfant en nourrice.

Cette mesure favorise grandement l'allaitement maternel et a diminué notablement la mortalité du premier âge, déjà combattue par les consultations de nourrissons et gouttes de lait et par le régime de la maternité où les mères peuvent prendre vingt jours de repos après l'accouchement à la seule condition d'avoir à nourrir leur enfant pendant ce délai.

La lutte contre la mortalité infantile se poursuit avec plus de cohésion dans les limites restreintes d'une ville de province que dans un grand centre comme Paris.

Notre capitale compte des œuvres innombrables, des fondations et des crèches de toutes sortes, mais, en dépit de l'action de la Ligue contre la Mortalité infantile pour coordonner ce mouvement, les efforts se trouvent trop disséminés pour arriver à circonscrire le mal autant qu'il serait nécessaire.

Il est certain que les efforts réunis de la Municipalité parisienne, de l'Assistance publique et de l'initiative privée, suffiront, lorsqu'ils seront parvenus à unir leur action dans un combat méthodique à conjurer la dépopulation dont nous souffrons et qui est due moins à l'absence de naissances qu'à la mort prématurée des enfants en bas âge. Le rôle du Conseil National des Femmes françaises, qui compte parmi ses membres les plus actives protectrices de l'enfance, sera de hâter ce moment, en ce qui nous concerne personnellement, nous nous y emploierons de notre mieux par une incessante propagande comme par nos actes.

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## HEALTH OF INFANTS AND CHILDREN.

*(Translated and summarised from the original Report of Mme. Alphen-Salvador in 1906.)*

According to the statistics collected by M. Bertillon, the annual average mortality in France between 1896 and 1900 of infants under one year was 134,434. In each 1,000 deaths, 555 were caused by troubles of the digestive organs. The influence of the weather and bad nourishment are the two principal causes of this mortality.

In order to check this scourge a course of action is being energetically organised all over France to instruct women and girls in their duties as mothers (1) by means of lectures, (2) the distribution of pamphlets, (3) by practical instruction and aid given to nursing mothers.

Consultations with nursing mothers were first started in 1892 by Professor Budin at "L'Hôpital de la Charité." Two years later a similar institution was started at Fécamp by Dr. Dufour, to which he gave the name of "Goutte de Lait." Such institutions are now widely extended, and are conducted on the same general principles in all countries; sometimes they are called "milk-drop dispensaries," sometimes "milk depôts."

The aim of the consultations with nursing mothers is to medically supervise the development of infants and to advise the mothers

how to maintain their own health, so as to give proper nourishment to their children. The most recently founded of these institutions is the "Sou des Nourrissons," which, under the direction of Dr. Dubrisay, carries on its work in one of the most populous quarters of Paris. Children up to the age of 18 months are brought for a weekly consultation. They are entered on a register, are given a card for preserving a record of their weight, as taken from time to time, and for any particulars of interest in their development. Sterilised milk is given free of charge in cases where it is absolutely necessary. In 1906 there were seven depôts in Paris and three in the environs: 1,408 babies had been under observation, 20,009 visits had been paid to the institutions, and 184,148 litres of milk distributed.

As an example of this movement in the provinces, the department of Indre et Loire may be mentioned. Through the indefatigable efforts of Dr. Mercié this department has made very rapid progress. Its General Council gives a number of grants to poor mothers—25 frs. a month from birth till the seventh month, and 20 frs. from the eighth to the twelfth month, to mothers who nurse their children; 16 frs. a month for the first year to mothers who bring up their children by bottle; and only 10 frs. to those who give out their children to be nursed. This, together with the rule that nursing mothers are allowed to take 20 days' rest after confinement, has greatly lowered the mortality among infants.

Several private societies help in this work, *e.g.*, the "Société de Charité maternelle," "La Société protectrice de l'Enfance," and "La Société des Crèches"; and it is felt that if all the agencies would unite in organised action still more might be accomplished in lowering the death-rate among infants.

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## THE CONDITIONS UNDER WHICH WOMEN CARRY ON INDUSTRIAL LABOUR.

### The Wages of Women as compared with those of Men.

*(Translated and summarised from the Report of Mme. Pégard in 1906.)*

It is generally admitted that wages in France have risen during the last 50 or 60 years, but, while this is correct, the wages of women have remained at the same proportionately lower rate than those of men.

Generally speaking, in most industries the average daily wage has been:—

	For Men.	For Women.
In 1840-45 . . . . .	2.07 francs.	1.02 francs.
In 1860-65 . . . . .	2.76 ..	1.30 ..
In 1891-93 . . . . .	4 ..	2.20 ..

The principal causes which have kept the wages of women so much lower than those of men are:—(1) The greater physical strength of men, which in many trades makes them better able for work; (2) the great number of women seeking industrial work, which has established a habit of their accepting a wage often much below the market value of their labour; and also the prevailing idea that a woman does not require as much money as a man, a truly unjust idea, for, while a man spends much of his spare time and money in the public-house, a woman usually returns home, and often has to bear the chief burden of providing for her family; (3) in work done almost solely by women they seem the victims of a general opinion in favour of keeping down the wage; (4) the indifference of the working women themselves, who do not seem to know how to unite in the defence of their rights nor to have any sense of responsibility for the effect of individual actions on the well-being of working women as a whole.

This is greatly to be deplored, for the lower wages of women constitute a great danger—economic, social, and moral: an *economic* danger, because, as machinery is being more and more introduced, great physical strength becomes less needful, and men are being more and more replaced by women, and thus thrown out of work; a *social* danger, for as long as this inequality in wages continues, the competition between the sexes will continue also, and will increase as the industrial struggle between nations becomes more intense; a *moral* danger, because the insufficient wages of women are one of the main contributing factors to a low standard of public morality.

The remedy for this state of things lies in a better organisation among the working women themselves. It will be necessary to show them how to defend themselves by united action, and to awaken them to the urgency of the need for united appeals to the syndicates.

**RAPPORT SUR L'HYGIÈNE SCOLAIRE EN FRANCE,**

PAR

**Mlle. PAULINE KERGOMARD,**

Inspectrice Générale de l'Instruction publique.

Dans les écoles primaires la pratique l'emporte de beaucoup sur la théorie. Les écoliers doivent y prendre les habitudes de propreté. Ils reçoivent soit en commun, soit en particulier, des conseils sur l'alimentation, le vêtement, la tenue du corps et des habits.

Dans les écoles primaires supérieures l'enseignement de l'hygiène entra à celui des sciences naturelles, il consiste en conseils relatifs aux soins à donner au corps, nourriture, vêtements, chauffage, éclairage. Conseils sur les meilleures conditions de salubrité d'une maison d'habitation, logement des animaux domestiques. Hygiène publique: assainissement des campagnes, irrigation, drainage, dessèchement des marais. Salubrité des villes, égouts et latrines, usines, ateliers, chantiers. Premiers soins à donner en cas d'accident, en attendant l'arrivée du médecin. Précautions à prendre en cas d'épidémie.

Dans l'école normale—20 leçons d'une heure—l'eau, l'air, les aliments, les maladies contagieuses, les matières fécales, la maison salubre, les maladies contractées à l'école, vaccination et revaccination, hygiène de l'enfance, de quelques maladies des animaux.

**Économie Domestique.**

En troisième année une heure par semaine. Le ménage, organisation et entretien de la maison d'habitation. Entretien du mobilier, entretien des étoffes et du linge, blanchissage et repassage, alimentation. Qualités nutritives des divers aliments, composition hygiénique des repas, comptabilité du ménage.

**Travaux du Couture.**

1 <sup>e</sup> année . . . . .	3 heures par semaine.
2 <sup>e</sup> „ . . . . .	2 „ „
3 <sup>e</sup> „ . . . . .	2 „ „

Nos écoles remplissent, en général, les conditions essentielles de l'hygiène. Il y a des établissements nouveaux qui ne laissent presque rien à désirer.

L'inspection médicale est organisée *dans les écoles normales* d'instituteurs et fonctionne d'une façon presque irréprochable.

Il n'en est pas de même dans les écoles primaires et les écoles maternelles. Sauf dans Paris et quelques grandes villes on peut dire que presque tout reste à faire. Mais un mouvement très sérieux suscité par la "Ligue pour l'Hygiène Scolaire," qui se compose des médecins les plus autorisés, d'inspecteurs, d'inspectrices et de professeurs secoue les inerties, organise des Congrès nationaux et se joint aux Congrès internationaux pour réaliser (1<sup>e</sup>) un corps de médecins-inspecteurs absolument qualifiés pour leurs fonctions, (2<sup>e</sup>) un code auxquels ces inspecteurs devront se conformer, (3<sup>e</sup>) une fiche sanitaire de chaque écolier. Les desiderata sont adoptés par le Ministère de l'Instruction publique.

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## L'HABITATION À BON MARCHÉ ET LA PETITE PROPRIÉTÉ EN FRANCE,

PAR

Mme. JULES SIEGFRIED (1909).

La question, si importante au point de vue social et moral, du logement et de la petite propriété, urbaine et rurale, préoccupe vivement toutes les classes de la société, et plusieurs lois ont été votées en France, dans ces dernières années.

On a considéré qu'il y avait un grand intérêt, au point de vue de l'hygiène et de la moralité, à faciliter aux travailleurs les moyens de se loger aussi bien et aussi économiquement que possible, et, pour y arriver, l'État a consenti à accorder de sérieux avantages aux sociétés d'habitations à bon marché.

C'est ainsi que la loi de 1894—améliorée encore par celle de 1906—accorde l'exonération, pendant douze ans, de l'impôt foncier et de l'impôt des portes et fenêtres aux habitations ouvrières.

Les caisses d'épargne, les bureaux de bienfaisance, et les hospices sont autorisés à employer une partie de leur patrimoine (qui ne peut excéder le cinquième) soit en constructions, soit en prêts aux sociétés de maisons à bon marché, sous forme d'obligations ou d'actions.

Les communes et les départements peuvent également placer une fraction de leurs ressources en obligations ou en actions. Enfin, la

Caisse des Dépôts et Consignations est autorisée à utiliser le cinquième des fonds de réserve des caisses d'épargne (qui atteint près de 200 millions) en obligations de ces sociétés.

Ces différents prêts sont faits, en général, au taux de 3 p.c. par an.

La loi apporte une modification des plus intéressantes dans notre régime successoral pour les petites propriétés, en décidant qu'en cas de mort du père de famille laissant une femme et des enfants mineurs, la licitation ne sera plus nécessaire. Chacun sait que ces licitations sont désastreuses et entraînent souvent des frais s'élevant à 30 ou 40 p.c. Dorénavant, la veuve et les enfants mineurs pourront rester dans l'indivision pendant cinq ans après la majorité de l'aîné des enfants mineurs et, dans tous les cas, le partage pourra être fait d'un commun accord.

293 sociétés anonymes ou coopératives ont été créées en France à la suite du vote de ces lois, et, chaque jour, il s'en fonde de nouvelles. Les constructions qu'elles ont réalisées jusqu'à présent s'élèvent à plus de 20 millions de francs. La plupart ont pour but de construire de petites maisons séparées, pour une seule famille, avec cour et jardin, dont les ouvriers peuvent devenir propriétaires par annuités; mais, dans nos grandes villes—le terrain étant très cher—on y construit de grandes maisons à étages, en s'efforçant d'apporter dans leur installation les dispositions les plus propres à assurer l'hygiène et la moralité.

L'expérience, en France, montre que la petite maison individuelle est bien supérieure à la grande maison collective, tant au point de vue de l'hygiène et de la salubrité qu'à celui de la moralité.

C'est là l'idéal qu'il convient d'avoir en vue, en insistant sur ce fait qu'une maison ouvrière doit avoir un minimum de quatre pièces pour être dans de bonnes conditions: une chambre à coucher pour les parents, une chambre pour les filles, une autre pour les garçons, enfin, une chambre commune qui peut contenir, au besoin, la cuisine, et dans laquelle la famille tout entière peut se réunir pour prendre les repas et se délasser.

C'est dans cette voie qu'il convient de s'orienter de plus en plus, et que se dirigent un grand nombre de philanthropes et de sociétés charitables.

La Fondation Rothschild, qui a été constituée grâce à un don de dix millions fait par les principaux membres de cette famille généreuse, et la Fondation Alexandre Weill, provenant d'un don

d'un million et demi, vont construire des habitations ouvrières modèles. La Société Philanthropique de Paris, grâce à d'autres généreuses donations de MM. Heine, Gouin, et Hirsch, a déjà édifié plusieurs maisons collectives qui donnent les meilleurs résultats, comme prix et comme hygiène. Cette dernière Société a construit aussi deux hôtels meublés pour jeunes filles et femmes seules, dans lesquels le prix des chambres varie de 0 fr. 60 c. à 1 fr. par jour.

On se préoccupe aussi d'organiser des hôtels pour célibataires hommes.

Les résultats obtenus sont donc satisfaisants : néanmoins on a pensé qu'il convenait de faciliter non seulement la construction de maisons, mais encore l'acquisition d'un champ ou d'un petit jardin, aux ouvriers urbains et ruraux.

C'est là le but de la loi du 10 avril 1908, qui autorise l'État à consentir des prêts à 2 p.c. d'intérêt, jusqu'à concurrence de cent millions, à des sociétés régionales de crédit immobilier. Ces sociétés pourront faire des prêts hypothécaires représentant les  $\frac{4}{5}$  de la valeur des champs, des jardins, ou des maisons, à la condition que les acquéreurs posséderont le cinquième restant, qu'ils contracteront une assurance temporaire en cas de décès, et qu'ils payeront l'intérêt et l'amortissement en 25 ans.

Plusieurs sociétés de ce genre ont déjà été fondées, à Arras, au Havre, et à Bordeaux.

Nous pouvons avoir, Mesdames, une sérieuse influence sur le développement de ce mouvement si important, au point de vue matériel comme au point de vue moral, et il nous appartient—à nous qui voyons de si près les souffrances des victimes de la misère provenant si souvent de la maladie et de l'immoralité, conséquences du logement insalubre et hideux—de lutter contre cette plaie sociale et de nous souvenir de ces belles paroles de Jules Simon :—

“ Sans logement, il n'y a pas de famille ;  
Sans famille, il n'y a pas de morale ;  
Sans morale, il n'y a pas d'hommes ;  
Sans hommes, il n'y a pas de patrie.”



**RAPPORT SUR LA TUBERCULOSE,**

PAR

**Mme. WEILL.**

La déclaration de la tuberculose n'est pas obligatoire en France, et de ce fait, il ne peut y avoir de statistique exacte concernant le nombre de décès causés par cette maladie, mais les ravages exercés par elle sont indéniables et tous les moyens doivent être employés pour lutter contre ce fléau qui guette tous les êtres et surtout les plus faibles. La guérison de la tuberculose est possible et souvent obtenue, mais au prix de quels sacrifices de temps et d'argent ! Aussi le but qu'il faut poursuivre et atteindre c'est de la prévenir.

De tous côtés, des dispensaires anti-tuberculeux ont été fondés et des milliers de malades y sont soignés gratuitement. Les conseils les plus éclairés leur sont donnés pour qu'ils évitent le danger de la contagion, car ce qui est principalement à craindre, c'est que le lieu où vit le tuberculeux devienne un foyer d'infection et que ceux qui l'entourent ne soient contaminés.

Le sanatorium a été également créé pour les malades dont l'État demande des soins spéciaux, la cure d'air notamment. Mais le nombre de ces établissements est encore insuffisant pour la quantité de tuberculeux qui devraient y être hospitalisés et nous souhaitons qu'il en soit fondé de nouveaux : les services qu'ils rendent sont inappréciables. Le sanatorium est surtout indiqué pour les cas bénins. Les malades très atteints sont acceptés dans les hôpitaux où des salles spéciales leur sont réservées. Ce qu'il importe surtout d'étudier, ce sont les moyens préventifs à employer.

Parmi ceux-là, le plus efficace est celui qui consiste à éloigner l'enfant bien portant du foyer contaminé. L'œuvre de M. le Docteur Grancher a été une expérience heureuse dans cet ordre d'idées : les enfants sains dont l'un des parents est tuberculeux sont placés à la campagne dans des familles choisies et surveillées. Un double but est ainsi atteint. L'air salubre et vivifiant fortifie les enfants, dont l'origine est suspecte au point de vue sanitaire, et ils échappent au danger permanent du foyer qui peut être infecté malgré toutes les précautions, et de la promiscuité inévitable quand une seule chambre constitue tout le logis.

Il existe aussi des hôpitaux maritimes destinés à hospitaliser les enfants chétifs, anémies, proies toutes prêtes pour la tuberculose.

Un autre moyen préventif qui concerne la famille entière a été préconisé par le Conseil National des Femmes Françaises. La Section d'Assistance et d'Hygiène frappée des progrès que faisait la tuberculose et plus spécialement dans les milieux pauvres, a organisé une campagne pour obtenir la désinfection de tous les logements au-dessous de 500 francs, au moment des emménagements, et a publié en 1903, la circulaire suivante. La **Section d'Assistance et d'Hygiène** du Conseil National des Femmes Françaises :—

Considérant que les ravages causés par la tuberculose, notamment dans la classe ouvrière et parmi les indigents, sont de jour en jour plus nombreux ;

Que l'une des causes principales de la propagation de ce fléau consiste dans ce fait qu'une famille bien portante vient habiter un local contaminé par de précédents locataires ;

Qu'en effet la tuberculose n'est pas comprise parmi les maladies entraînant la déclaration médicale et par suite la désinfection obligatoire ;

Que, dans ces conditions, on risque toujours d'entrer dans un local contaminé sans qu'il soit possible de connaître le danger et de s'en défendre ;

Que, par conséquent, la désinfection s'impose dans tous les cas ;  
Qu'il appartient à l'initiative privée de prendre les dispositions nécessaires à cet effet, en attendant que les pouvoirs publics, organisant une loi sur la désinfection obligatoire, comblent une lacune regrettable de notre législation ;

Fait appel à toutes les associations qui s'occupent de l'amélioration matérielle et morale du sort des travailleurs et des indigents ;

Les invite :—

A préconiser, par tous les moyens en leur pouvoir, dans leur sphère d'action et d'influence, l'idée qu'il est dangereux, contraire à l'hygiène la plus élémentaire, d'entrer dans un nouveau local avant qu'il soit désinfecté ;

A faire connaître aux intéressés que la désinfection est gratuite pour les loyers inférieurs à 500 francs ; que des fiches de désinfection leur seront distribuées sur leur demande ; qu'ils peuvent donc sans le moindre sacrifice pécuniaire, sans le moindre dérangement matériel, faire assainir les logements dans lesquels ils doivent entrer.

A s'assurer par un contrôle vigilant que cette mesure nécessaire de préservation est exactement observée.

## Argentina.

National Council of Women.

Consejo Nacional de Mujeres.

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### Report on Public Health,

BY

**Sra. van PRAET DE SALA.**

*(Sent in 1906; revised and curtailed by the Editor.)*

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Before entering upon the specific answers to our President's inquiries, a brief indication might be given of the beginnings of philanthropic movements in Argentina, and more especially of the part that has been taken by women in developing philanthropic and social work in Buenos Ayres and throughout the country.

The Benevolent Society (*Sociedad de Beneficencia*) was founded in 1823 for the care and protection of infants and children, and placed under the management of women. It served as a centre of women's social and philanthropic effort, and various institutions were formed in connection with it. The number of branch institutions became so great that in 1880 reorganisation was necessary, and no less than 120 schools for girls which had been founded by the initiative of the Benevolent Society were given independent existence. The funds of the society have been given by generous donors and by Government, and the administrative capacity that has been shown by women in their management of the finances of the various institutions has undoubtedly helped to elevate the position of women in this country.

The Benevolent Society has under its charge the following establishments, each of which is attended to by a special inspecting committee, composed of at least three ladies:—

- (a) Casa de Huerfanos (Orphanage), founded in 1755, with 200 children. Since the year 1876, 1,600 orphans have been received and 1,400 have left.
- (b) Hospital Rivadavia, for women, opened for the first time in 1759. It is a modernly-built hospital, constructed on scientific lines. It has room for 500 sick, 80 maternity cases, 100 consumptives, ordinary in- and out-patients.
- (c) Casa de Expósitos (Foundling-House), which began in the year 1779. Not only does it fulfil the mission of a foundling hospital, but circumstances have converted it into a veritable infantile sanatorium, with room for 300 patients. Since its foundation it has received 35,000 children.
- (d) Hospital Nacional de Alienadas (Asylum for the Insane), inaugurated in 1854; a sumptuous building only partly finished, which will be one of the finest hospital institutions in the world. It houses nearly 2,000 insane persons.
- (e) Colonia Nacional de Alienadas (in construction), in Lomas de Zamora, for chronic cases.
- (f) Asilo de Huerfanos (Orphan Asylum), in which were lodged the children left by 18,000 victims of the yellow fever epidemic in 1871. It houses 500 children, subdivided into two sections—for boys from 7 to 11 and from 12 to 18, the former attended to by women. The children from the Casa de Expósitos are sent here.
- (g) Hospital de Niños (Children's Hospital), inaugurated provisionally in 1875, and definitely 21 years later. Thanks to the initiative of the Society, which founded and supported it for a long period, it is a handsome building, occupying four squares, and amply fulfilling its noble aims. In 1906, 5,000 out-patients had been attended and 69,500 consultations given.
- (h) Hospital y Consultorio Oftamológico (Ophthalmic Hospital and Consulting Rooms), founded in 1868. There have been nearly 1,000 out-patients, 17,000 gratuitous consultations have been given, and 1,900 prescriptions made up.
- (i) Nueva Casa de Expósitos y Succursal de la de Huerfanos (New Foundling House and Branch of the Orphanage),

inaugurated in 1866 for children of 7 to 10 years; it houses 125 children.

- (j) Hospital y Asilo Maritimo, en Las Playas de Mar-del-Plata (Hospital and Maritime Asylum, in Mar-del-Plata), for temporary care of weakly children from any of the institutions. It dates from 1893, and is still in course of construction.
- (k) Asilo de Mercedes, a branch of the Foundling House, incorporated in 1899, has 64 outgoing and 331 residents. At the age of seven the children pass to the Orphan Asylum.

All these institutions had, in 1904, 7,750 entries, including sick and inmates, and 7,400 outgoing, 5,300 persons remaining.

It is not too much to say that the ladies in charge of these institutions have by their personal example and enthusiasm exerted a far-reaching influence in society. They are constantly at work—in the hospital, in the workshop, and in the asylum; in the common lodging-house investigating some misfortune, in securing the happiness of their orphans, in the festivals of the hospitals, and in the distribution of charity from the "Poor Fund."

Nearly all our charitable institutions have taken the Benevolent Society as their model. None, like it, have an official character, but all are supported by the public exchequer, notwithstanding which they preserve their absolute independence as private societies. Our official charity has taken woman as almoner and executrix, and has entrusted her to carry the work to a successful issue.

Among other institutes, first in order of antiquity may be mentioned the Asilo de Huérfanos de Irlandeses (Irish Orphanage), established in 1847. This was sufficient for the needs of our capital until the year 1866, when the first Maternity Asylum (Salle d'Asile) was established, under the patronage of the Damas de Caridad. At this period the necessity for protecting the children of the work-people while they were away at their daily work became evident. The new asylum offered to the little ones during the day special attention in a comfortable and sanitary house, and soon this had to be increased to four houses.

These are situated at different parts of the city, and have in daily attendance 980 pupils of the primary school and 1,500 kindergarten children.

In addition, this society annually distributes in alms 2,000

dollars (4,400 francs), makes up gratis 202,000 prescriptions, with a turnover of 136,000 dollars m/n (299,200 francs).

It has an Executive Committee composed of 22 ladies, and 700 contributing members giving annually 5,400 dollars m/n (11,880 francs). Its principal source of income is the assignation of the National Lottery—58,300 dollars m/n (128,111 francs). The work it carries on is in reality official charity, through the medium of women; as we have already said, the same method is practised by nearly all our institutions.

Towards the close of 1872 the Damas de la Misericordia were formed for the purpose of providing free lodgings for those working families of which the heads were incapable of work; to young working women of good conduct help was given on the same conditions; and the benefits of the establishment were extended to families and spinsters in return for a certain monthly subscription.

The society developed rapidly, and in 1883 the foundation-stone of the beautiful building and church was laid.

It teaches its 320 inmates the household duties, and other attainments which would be of assistance—dressmaking for women and children, sewing, embroidery, etc. When leaving the Home, those whose conduct has been good receive a sum varying between one and two hundred dollars (220 and 440 francs) and a sewing-machine, according to the state of the finances.

At the end of 1895 a Casa de Pobres Vergonzantes (House for the Deserving Poor) was inaugurated, for women of advanced age and good conduct, to the number of 140; quite recently, a school for girls has been added. Altogether, it helps and protects about 500 girls, in addition to the women of advanced age.

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## THE CARE OF INFANTS AND CHILDREN.

In 1881, the Hermanas de Dolores (Sisters of Sorrow) founded their first Home for children in Belgrano. There are now two Homes, receiving 100 resident- and 150 day-pupils. In 1882, the Consejos de Señoras de San Vicente de Paul was installed, for helping indigent families; subsequently a Home for 200 minors was established.

In 1890, statistics showed the general child mortality to be 30 per cent., and of that number 25.3 per cent. consisted of infants

under one year. In view of the high rate of child mortality, the communal authorities appointed a Commission to draw up some definite system of organised care and protection of children. Two years later, as the result of the proposals of the Commission, the Patronato de la Infancia was instituted by municipal decree, and an extensive programme of work was undertaken by its governing body.

The first work of the new institution was to prepare a project for a Law of Protection for Infants, which is still being discussed, and in which legislation is provided for the new-born child, the deserted, the victim of bad treatment, the child worker, and the child beggar.

With the first funds collected it opened free medical consulting rooms for children, where 7,300 patients are treated per annum. The dispensaries attached have made up 11,000 prescriptions.

Three years later the first cradle saloon, similar to the crèches of Paris, was inaugurated, attached to which is a place for children from 1 to 6 years of age whose mothers are temporarily disabled.

These institutions have been established for the direct benefit of the working woman who, on going to her work, has to leave her children without care, or to some necessarily poorly-paid help. The actual population of children under 6 years of age in Buenos Ayres is 144,400.

In 1899, the Patronato established for children morally and materially abandoned a School of Arts and Trades, and in the following year an Industrial Agricultural School, at thirty minutes' distance from the capital.

These are for the protection of children from 8 to 12 years of age at entry, and their stay may be prolonged until their sixteenth year.

The work of the Patronato de la Infancia is carried on at an annual cost of 142,000 dollars (312,400 francs), provided as follows:—64,500 dollars (141,900 francs) subvention, 38,000 dollars (83,600 francs) from festivals, 16,000 dollars (35,200 francs) from pensions, 10,000 dollars (22,000 francs) in subscriptions from its 1,200 members, and the rest from the product of the workshop and receipts of smaller value. Last year private donations of nearly 100,000 dollars m/n (220,000 francs) and a special one from the Government for the same sum were received. The charity of the Patronato de la Infancia is therefore official charity.

Administered and managed by a committee of gentlemen, an auxiliary committee of ladies assists its work, being specially in charge of the Sala-cuna and the Internado.

Its influence in the betterment of our infants has been very marked. The infantile mortality of Buenos Ayres has declined to 15.6 per cent. The recent census gave 3.19 for each 100 living children less than 6 years, and a birth-rate of 35.3 per cent.

Other institutions have since been founded, some dedicated to the first care of the child and help to the mother—Asilo Naval, for 40 boys and 25 girls; Sociedad de Huérfanos de Militares in 1891, and the Madres Argentinas (Argentine Mothers) in 1897, for the distribution gratis of anti-diphtheritic serum.

Finally, three large Homes have been opened by private philanthropy—that of del Pino, with 200 girls; that of Jesus Sacramento, with 500; and that of San José, in Bella Vista, destined for children under 10 years of age.

If the special work of foreigners be added, there are also (a) the French Orphanage, for 200 children; (b) the Elementary and Professional Schools of le Italiane al Plata, started in 1898; (c) the Mutual Protection and Education of Infants—initiated in 1879 by the Sociedad Margherita di Savoia—now with 2,000 members. It has helped 3,000 children from 3 to 6 years old, and distributed 160,000 dollars (352,000 francs) to the sick. Foreign ladies mostly devote their energies and give their services to the charitable works—chiefly hospitals—of their respective communities.

The total number of beds for children in our orphanages is 3,400, but the eighteen general Homes, including the night Refuges, can give help to 5,150 persons. The hospital assistance provides 8,600 beds, including those of the Asistencia Pública establishments.

According to the same census, out of a total of 68,500 workers, the number of artisan children was 7,200 under 16 years, including 4,800 males and 2,400 females.

Our capital has 23 Benevolent Societies, with 19,500 members and a revenue of 700,000 dollars (1,540,000 francs), not including the official revenue. The Mutual Aid Societies number 97, with 77,000 members and a revenue of more than a million dollars (2,200,000 francs). Lastly, those exclusively for the protection of infancy number five, with 3,000 members and a revenue of 78,000 dollars (171,600 francs).



In the whole country the Benevolent Societies number 190, and the Mutual Aid Societies 511.

The principal revenue of the first is received from the National Lottery, which distributes the 4,300,000 dollars (9,460,000 francs) of its product—2,500,000 dollars (5,500,000 francs) for the capital, and 1,800,000 dollars (3,860,000 francs) for the fourteen provinces and national territories.

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## THE CONDITIONS UNDER WHICH WORKING WOMEN CARRY ON THEIR OCCUPATIONS.

The entrance of women into various professional, commercial, and industrial branches of activity which were formerly exclusively reserved for men increases every day, and more especially is this so in Buenos Ayres. To-day women work in the Civil Registry, in the Post and Telegraph Office, and they have almost exclusive charge of the telephone. Apart from the profession of teacher (*maestra*), for which women are admirably fitted, work is opening out for women more and more in industries, commerce, and the professions. Stenography is practically a preserve for women, and they are now often given head positions in the offices in commercial houses. The census showed that there were 15,393 women employed in commercial establishments and 13,077 in industrial work. The professions already include many distinguished women doctors, translators, lawyers, accountants, notaries, etc.

In 1905 there were in the Republic 1,205,000 workers: 747,000 natives—300,900 women and 446,100 men, and 458,500 foreigners—73,000 women and 385,500 men.

In the Federal capital 417,000 persons declared a profession, trade, or occupation. Of these, 104,000, or 25 per cent., were women—45,500, or, say, 10·93 per cent., Argentines, and 58,500, that is, 14·05 per cent., foreigners. The total number of working men was 313,000.

Of the 104,000 women declaring a profession, trade, or occupation, 47,500 are in service, and of these 29,000 are foreigners. Thirty-four thousand are employed in manual arts and industries, rather more than 5,000 in commerce, 1,500 hold public positions, and 1,000 are occupied in the liberal

professions. The remainder work in the great industrial factories, for which no special training is required, the work being simple, if not almost mechanical.

The general position of our working woman is advantageous and very superior to that of the European countries. Her average wage is 1.80 dollars m/n (4 francs), reaching its highest in the cotton factories, 4 dollars m/n (8.60 francs), with an eight hours' day, which leaves her time to attend to household duties.

Buenos Ayres offers great advantages to the working woman—ample remuneration and continuous demand. Work abounds to such an extent that domestic service, which offers a great many benefits, is almost disdained, a fact which creates a serious problem owing to lack of servants. Factories offer many advantages, without restricting the much-desired, though sometimes dangerous freedom.

The Sociedad Santa Maria founded in 1895 the first professional school for workwomen. The school includes, in addition to the elementary classes, technical teaching in dressmaking, lacemaking, embroidery in white and gold; drawing for industrial purposes, commercial bookkeeping, and stenography in the first section. The second section comprises a practical course of housework, cooking, washing and ironing, mending, darning, cleaning of a house and polishing furniture, sanitation, domestic economy, service and laying of table, etc.

The Santa Maria School has over 200 pupils, all over 12 years of age, 180 of whom are day-girls and free, the remainder being resident. It enjoys so high a reputation that every day it has to refuse new pupils for lack of room. Its annual expenses are 14,000 dollars m/n (30,800 francs): 7,600 dollars (16,720 francs) subvention, 7,000 dollars (15,400 francs) produced from the workshops and fees, 1,500 dollars (3,500 francs) from donations, and the rest from entertainments.

Inspired by its success, the Government has established three schools of a similar character, on the same plan, and with an identical organisation. There are also two houses of the Society of San José which may be considered as professional schools, although they are really only preparatory workshops, attended by more than 300 girls doing plain sewing. The apprentices generally pass directly from the schools to the workshops as workwomen.

Salerooms for the work of indigent gentlewomen have been established in Buenos Ayres and Belgrano, and have proved very

helpful. A League for the Protection of Young Women is another society doing excellent work.

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## THE HOUSING OF THE POOR.

Within 20 years the rapid commercial development has taken place which has converted our city into one of the great modern capitals, and the short period has not sufficed to replace its old style of building like a village by the more complex arrangements necessary for the housing of a million souls. The population daily increases and daily makes new demands, so that within a few years works which are not really in advance of their time are rendered useless. The city, with its incessant, feverish life, assimilates everything and at once adapts it, gathering together the latest developments of progress, to create fresh activities and open new horizons.

The necessity for housing the newly-arrived workmen transformed into common lodging-houses the patriarchal mansions of great patios and extended corridors; the desire for gain converted the latter into living-rooms, and improvised rooms in the part originally destined for circulation of air.

The old house, already too poor for the use of its enriched proprietors, was converted into a lodging-house, and in its small and inadequate rooms the workman and his family installed themselves—mother, father, small children—making of each one a bedroom, dining-room, and drawing-room, when it was not also a workshop and kitchen. Some lodging-houses of modern style have been built lately, but, owing to their scarcity, the rent charged is very high.

A marked advance has been made by the Casa Carrabassa, which was built on philanthropic principles. It has 400 rooms, ample, hygienic, occupied by women without children—spinsters, widows, unprotected women—who pay a reduced rent, used for the upkeep of the house.

The workman who has not one of the 82,540 houses in Buenos Ayres seeks one of the 44,000 rooms offered by the 2,500 common lodging-houses, five of which have 500 rooms and more than 300 lodgers, and twenty-four have 1,500 rooms and two to three hundred lodgers per building. The number of inmates varies: 46 buildings have 2,000 rooms and 151 to 200 inmates, 210 buildings have 7,200

rooms and 101 to 150 individuals, 725 have 15,700 habitations and from 50 to 100 lodgers, 824 have 10,800 apartments and from 31 to 50 occupants, and, finally, 628 common lodging-houses have more than 6,000 rooms and 30 lodgers in each house.

As an average, we get 56 rooms per building and three lodgers per room, which is not extreme, and only calls for improvement of the houses. The rent of these rooms varies: 12,000 rooms, that is to say, 27 per cent., pay less than 10 dollars m/n (22 francs) monthly; 15,900, or, say, 44 per cent., pay from 16 to 20 dollars, and the remaining 12 per cent., represented by nearly 5,300, are more than 20 dollars rent.

The situation of the Argentine workman is enviable, and, as the question of his housing has given rise to some comments, we may also say that the authorities, taking the problem under their charge, are disposed to give it a prompt solution; in the next decade we shall have workmen's quarters of which we shall be proud.

## Switzerland.

**National Council of Women.**

**Alliance nationale de Sociétés féminines Suisses.**

**Bund Schweizerischer Frauenvereine.**

### **Some Aspects of Public Health.**

*(Translated and condensed from Mme. Monneron's report sent in 1906.)*

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#### **THE CARE OF INFANTS AND CHILDREN.**

At the first Conference on Women's Work held in Switzerland in 1896, a full report was given by Mrs. Ryff of the philanthropic work being done by women in Switzerland. Of the 5,696 women's associations then existing, 254 were devoted to the care of children. The number of these associations is steadily increasing, and at the present day almost every town or borough has milk depôts where sterilised milk is distributed to infants, maternity hospitals for the care of young mothers, and crèches for young children.

The associations for the distribution of sterilized milk are of recent date, but they exist in most of the towns of western Switzerland and in many of the German-speaking cantons. The result everywhere has been a decrease in the number of children suffering from digestive ailments, while an invaluable opportunity is afforded at these depôts for teaching the mothers the simpler rules of infantile hygiene.

In some towns—Zurich, for instance—good milk is also distributed to school children during the summer vacations, under the careful supervision of the "Société d'Utilité publique des Femmes suisses."

In most towns kindergartens have been started by the town authorities. Zurich, for example, has thirty-two. Summer colonies for children have been arranged in almost every canton.

Zurich has thirteen of these colonies, one of which receives annually 1,200 to 1,500 children for a month's stay.

Lectures on the care of infants are given in some towns by the "Association of Samaritans" or other similar associations, and also mothers' meetings organised by the "Société d'Utilité publique des Femmes suisses." At the women's hospital in Zurich, organised by the same society, a special training school for midwives and nurses has proved very successful, and the Swiss Association of Midwives now hopes to extend the instruction given to their probationers, and to give them a complete preparatory training in midwifery.

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### THE CONDITIONS UNDER WHICH WORKING WOMEN CARRY ON INDUSTRIAL LABOUR.

In the case of factories placed under the factory law, the conditions are the same for men and women, and, on the whole, are generally good as regards ventilation, space, etc. In unhealthy industries, such as cigar and tobacco manufactories, the law enforces a minimum of 10mm. space per worker.

The maximum day's work does not exceed 11 hours (9 on Saturdays), but a proposed revision of the factory law will probably reduce that to 10 hours.

Women are forbidden to work on Sundays or to go on night shifts in factories. A special provision is made that those who have the care of a household can leave work half an hour earlier than the dinner-hour time, if that time does not exceed one hour and a half.

Expectant mothers are forbidden all work in the factory for eight weeks—two before confinement and six after. This would be an excellent measure if it could be more easily enforced, and if provision could be made for mother and child during that time. They are also forbidden to work in certain dangerous industries, to do cleaning of machinery in motion, etc.

Some factories have introduced free Saturday afternoons, and this may possibly be enforced by law.

The conditions of work in home industries are not so satisfactory: crowded rooms, low ceilings, and insufficient ventilation are complained of, especially in large towns. In watchmaking, especially

in the high valleys of the Jura Mountains, work at times presses hard on the whole family, and food preparation is then a summary process, while dangers sometimes exist from the metals used. In tailoring, dressmaking, etc., late hours, insufficient ventilation, and the sedentary life constitute serious drawbacks.

In all industries which may be carried on in the country the sanitary conditions are, on the whole, satisfactory, especially in the silk industry and in the manufacture of embroideries, which require perfect cleanliness, as well as light and space.

In domestic service there are few complaints as regards food, but the sleeping accommodation for servants is not what it ought to be, even in better-class buildings. The same may be said of shopgirls who board in homes provided by employers.

There seems to be a need for working-women's homes, of which a few already exist. In almost every town there are cheap restaurants ("cuisines populaires") and temperance restaurants: and quite recently women's restaurants on the co-operative system have been started in Geneva, Lausanne, Berne, etc.

The question of the proper housing of the poor has not yet been taken up by Women's Associations, but will shortly be added to the work undertaken by some of these.

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## Austria.

**National Council of Women.**

**Bund Oesterreichischer Frauenvereine.**

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### **Report on Public Health,**

BY

**Frau MARIANNE HAINISCH.**

*(Sent in 1906.)*

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Der ausserordentliche Kulturunterschied und die Verschiedenheit der Nationalitäten und Sprache der verschiedenen oesterreichischen Völkerschaften, brachte den Versuch zum Scheitern ein umfassendes Bild über die Vorkehrungen zur Gesundheitspflege der Bewohner Oesterreich's darzulegen. Wir sind daher nur in der Lage im Allgemeinen über die Kronländer zu berichten und nur Wien eingehender zu berücksichtigen.

Dabei muss vor allem mitgeteilt werden, dass für das Gebiet der Wohlfahrtspflege derzeit zwei Ereignisse von höchster Bedeutung sind: der Erste oesterreichische Kinderschutzkongress in Wien im Frühling 1907 und das 60-jährige Regierungsjubiläum des Kaisers.

Wir verweisen alle jene, welche nähere Auskunft über den Kinderschutz bis zum Jahre 1907 zu erhalten wünschen, auf die "Schriften des oesterreichischen Kinderschutz-Kongresses" (Wien, Manz'sche k.u.k. Hof-Verlags- und Universitäts-Buchhandlung). In seinem Jubiläumsjahr verbat sich Kaiser Franz Josef alle kostspieligen Veranstaltungen und wollte sämtliche Jubiläumsspenden dem Wohle des Kindes zugewendet wissen. In allen Kronländern sucht man dem Wunsche des Kaisers nachzukommen und Grundsteinlegungen zu neuen Wohlfahrtanstalten finden nicht nur in Wien, sondern in andern Städten, ja kleinsten Orten statt.



## CARE OF INFANTS. FÜRSORGE FÜR SÄUGLINGE UND KINDER.

### **Das Heimatsgesetz.**

Nach dem Heimatsgesetz obliegt der Gemeinde die Versorgung der armen Kinder, welche elternlos sind, oder deren Eltern ganz ausserstande sind, sie zu ernähren und erziehen. Die Kosten dafür betragen allein in Wien für das Jahr 1905. 4,964,819 Kronen aus öffentlichen Mitteln und 2,129,703 Kronen aus privaten Mitteln.

### **Gebär und Findelanstalten.**

Bei 26 Millionen Einwohner gibt es in Oesterreich 9 Findelanstalten, welche die Findlinge meist in Privatpflege bei Pflegemüttern unterbringen; diese Kinder stehen unter Beaufsichtigung. In Steiermark besteht eine ganz ausgezeichnete Organisation zur Beaufsichtigung dieser Pflege und Haltekinder durch das Landesgesetz von 1896. Der Kostenaufwand dieser 9 Findelanstalten beläuft sich auf 3,383,617 Kronen jährlich.

Das Land Nieder-Oesterreich errichtet ein allen modernen Anforderungen entsprechendes Landes-Zentralkinderheim in Pavilionsystem, in erster Linie für die in den Gebärkliniken geborenen Kinder, für lebensschwache oder mit Gebrechen behaftete Säuglinge, aber auch für gesunde Kinder. Es werden 270 Betten für Mütter und Ammen, 400 für Säuglinge und 60 für grössere Kinder vorhanden sein.

### **Säuglingsfürsorge.**

Um die Bekämpfung der Säuglingssterblichkeit bemühen sich in Wien 5 Privatvereine durch Milchverteilung, ärztliche Ratschläge und Beaufsichtigung.

An 4 Spitälern in Wien bestehen Abteilungen für kranke Säuglinge, ebenso ist in Brünn eine solche Säuglings-Krankenanstalt.

### **Krippen und Bewahranstalten.**

Oeffentliche Krippen sind in Oesterreich 35, dagegen gibt es sehr viele private in Wien und allen Städten; so unterhält der Zentral-Krippenverein in Wien 7 Anstalten mit je 3 Abteilungen (a) für Säuglinge, (b) für Kinder unter 3 Jahren, (c) für Kinder über 3 Jahren.

Der Zentralverein für Kinderbewahranstalten besitzt 33 Krippen.

Kinderbewahranstalten gibt es in Oesterreich 738 öffentliche; in Wien bestehen 109 private Kinderbewahr- und Beschäftigungsanstalten.

## **CARE OF SCHOOL-GOING CHILDREN. FÜRSORGE FÜR SCHULPFLICHTIGE KINDER.**

Nach dem Volksschulgesetz müssen alle Kinder vom 6. bis inclusive 14. Lebensjahr die Schule besuchen. Jedoch gibt es an Lande, besonders wo Ackerbau und Viehzucht betrieben werden, vielfache Befreiungen, so dass der Schulbesuch oft schon mit vollendetem 12. Lebensjahr beendet wird. Die Volksschulen sind meist unentgeltlich. Ein Gesetz für Impfwang besteht nicht, doch wird bei Aufnahme in die Schulen ein Zeugnis über stattgefundene Impfung verlangt. Bei Infektionskrankheiten besteht eine Anzeigepflicht beim Polizeikommissariat.

Fast gar nichts wissen wir über den Gesundheitszustand der Schuljugend, da es, mit wenigen Ausnahmen, keine Schulärzte gibt. Nur ganz vereinzelte Schulen besitzen Bäder, ebenso selten sind Schulgärten in den Städten.

### **Körperliche Übungen.**

Turnen ist an öffentlichen Schulen obligat, doch werden viele Befreiungen gegeben. Ausserdem gibt es Knabenschülerhorte, private Einrichtungen, die Jugendspiele, militärische Exercizien, Handfertigkeits-Unterricht, etc., üben.

### **Ausspeisestellen.**

Beinahe in jeder Gemeinde existieren Einrichtungen zur Beköstigung bedürftiger Schulkinder. Die Gemeinde Wien hat in allen Bezirken Ausspeisestellen und unterstützt auch arme Kinder durch Beistellung von Lehrmittel und Kleidungsstücke.

### **Tagesheimstätten.**

Das Land Nieder-Oesterreich erhält zwei Tages-Erholungsstätten: eine für 460 schulpflichtige Kinder in Pötzleinsdorf und eine für 600 in Hütteldorf bei Wien. Privatvereine erhalten Tagesheim-

stätten. Der Verein "Kinderschutzstation" hat deren z.B. 14, er wird von der Gemeinde subventioniert.

### **Ferienkolonien.**

Die Ferienkolonien sind fast nur in den Händen der Privatwohlthätigkeit. Der Wiener Ferienkolonienverein hat 7 Kolonien für circa 900 Kinder; der Ferienhort für bedürftige Mittelschüler 5 Kolonien für 343 Zöglinge; das israelitische Ferienheim Kolonien für 500 Kinder. Neben diesen unterhalten viele andere Vereine Ferienkolonien.

### **Waisenhäuser.**

Die Waisenpflege ist Sache des Landes und dauert bis zum 18. Lebensjahr. Es bestehen in Oesterreich 253 Waisenhäuser und werden jährlich für Waiserversorgung 1,914,374 Kronen verausgabt. Die Gemeinde Wien hat 8 Waisenhäuser für Knaben und Mädchen mit einem Jahresaufwand von 443,749 Kronen für circa 700 Kinder. Durch die Hyrtl'sche Stiftung in Mödling besitzt Nieder-Oesterreich das weitgrösste Waisenhaus auf dem Kontinent. Die Anstalt versorgt 700 Knaben und 200 Mädchen vom 6. bis zum 14. Lebensjahre und behält die Zöglinge bis zum 18. Jahre in Überwachung und sorgt auch später für ihr Fortkommen. Die Angestellten der Anstalt: Lehrer, Gärtner, Schuster, Schneider, Schlosser, etc., sind fast durchwegs ehemalige Zöglinge der Anstalt.

In städtischer Verwaltung ist das Kinder-Asyl für Verlassene, welchem alle, der öffentlichen Armenpflege anheimfallenden Kinder, bis zur weiteren Verfügung zugewiesen werden.

### **Verwahrloste Kinder.**

Für verwahrloste und kriminelle Kinder wird aus öffentlichem Interesse durch Zwangserziehung in Besserungsanstalten vorgesorgt, deren Erhaltung den einzelnen Kronländern obliegt. Die Aufnahme darf nur in gesetzlich bestimmten Fällen erfolgen und nicht über das 20. Lebensjahr hinaus ausgedehnt werden. Es bestehen in Oesterreich 5 Zwangsarbeits und 9 Besserungsanstalten mit jährlichem Aufwand von 4,412,052 Kronen.

Da die öffentlichen Anstalten bei weitem nicht alle straffälligen Kinder fassen, sind dieselben meist mit den erwachsenen Verbrechern beisammen, was natürlich von grossem Schaden ist. In Eggerburg Nieder-Oesterr. ist eben eine, nach modernen Prinzipien

einggerichtete Anstalt für 1,000 Kinder eröffnet worden. Es bemühen sich in Wien auch mehrere Privatvereine in hervorragender Weise um die verwahrloste Jugend, sie haben selbst Asyle errichtet und bringen Schützlinge in Privathäusern unter. In bahnbrechender Weise haben sich für misshandelte Kinder der Pestalozzibund und die Kinderschutz- und Rettungsgesellschaft eingesetzt.

### **Kindergerichtshöfe.**

In dem Verfahren gegen jugendliche Verbrecher wird hoffentlich bald eine Aenderung eintreten, indem heuer zum ersten male eine Post "Kindergerichtshöfe" in das Budget eingestellt und eine Zentralstelle für Kinder-Fürsorge errichtet wurde.

### **Taubstumme Kinder.**

Die öffentlichen Taubstummeninstitute sind für Erwachsene und Kinder gemeinsam; es gibt auch grosse Privatvereine, die sich mit der Ausbildung und Unterstützung Taubstummer befassen. An einer Knaben- und zwei Mädchen-Volksschulen in Wien sind Abteilungen für taubstumme Kinder.

### **Blindeninstitute.**

Blindeninstitute gibt es 4 öffentliche und 11 private in Oesterreich, doch auch da sind Kinder und Erwachsene nicht immer getrennt. Weiters existieren 6 Blinden-Beschäftigungs-Anstalten und in Wien grosse Privatvereine, die sich mit Blindenfürsorge beschäftigen: auch besteht an einer Volksschule in Wien eine Abteilung für 20 schulpflichtige Blinde.

### **Kinderspitäler.**

Die Spitäler für Kinder sind meist verbunden mit jenen für Erwachsene. Die Gemeinde Wien besitzt ein Kinderspital und ausserdem bestehen in Wien noch 9 Kinderspitäler mit 701 Betten. Sie sind mittels Stiftungen errichtet worden und werden mit privaten Mitteln erhalten. Auch bestehen 2 Kinder-Krankenordinations-Institute.

### **Skrophulose Kinder.**

Die Gemeinde Wien besitzt auch Heilanstalten für skrophulose und rachitische Kinder in Bad Hall, S. Pelagio, Ischl, mit zusammen

420 Betten, und entsendet ausserdem Kinder nach Triest und Grado zum Kurgebrauch.

### **Lungenkranke.**

Für lungenkranke Kinder besteht eine Abteilung für 30 Kinder in der Lungenheilstätte Alland. Der Hilfsverein für Lungenkranke "Viribus Unitis" in Wien unterhält ein Kinderheim um Jugendliche vor Infektion durch Absonderung zu schützen.

### **Schwachsinnige.**

Die Fürsorge für schwachsinnige Kinder ist ganz ungenügend. Nieder-Oesterreich besitzt eine Anstalt für schwachsinnige und epileptische Kinder (500 Plätze), eine zweite Anstalt ist in Galizien. Weiters existiert aus privaten Mitteln ein Asyl für schwachsinnige Kinder (105 Betten) mit 3 klassiger Volksschule, und ein Privatverein in Wien zur Fürsorge für Schwachsinnige und Epileptische.

### **Krüppelhafte.**

Für krüppelhafte Kinder bestehen in Nieder-Oesterreich aus privaten Mitteln: Asyl für 50 krüppelhafte Kinder in Biedermannsdorf vom Katholischen Waisen-Hilfsverein; Elisabethasyl für 50 verkrüppelte Kinder, Lanzendorf; Kinderheim für 17 israelitische verkrüppelte Kinder bei Neulembach.

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## **THE CONDITIONS FOR WORKING WOMEN.**

### **DIE HYGIENISCHEN VERHÄLTNISS E DER ERWERBENDEN FRAUEN.**

Wir sehen ab von den bessergestellten Erwerbenden und von den Ehefrauen, welche ihren Männern in der Landwirtschaft oder dem Kleingewerbe helfen, und sprechen nur von den alleinstehenden erwerbenden und unbemittelten Frauen. Die Statistik vom Jahre 1905 führt 2,646,754 erwerbende Frauen an, von welchen 549,986 selbständig waren.\*

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\* Statistik der arbeitenden Frauen. Statistische Zentralkommission.

## Gewerbegesetz.

Zum Schutze der Lohnarbeiterinnen bestehen folgende Einrichtungen: Die Krankenversicherung der Frau ist dieselbe wie die des Mannes, es stehen denselben jedoch Kassenärztinnen zur Verfügung. In der Gewerbeordnung befinden sich die nachfolgenden, nur die Frauen betreffenden Bestimmungen:—

1. "Wöchnerinnen dürfen erst nach Verlauf von 4 Wochen nach ihrer Niederkunft zu regelmässigen gewerblichen Beschäftigungen verwendet werden." Vorheriges Aussetzen ist gesetzlich nicht statuiert und wird bei normal verlaufender Schwangerschaft bis zur Entbindung gearbeitet.
2. "Wöchnerinnen ist bei normalem Verlauf des Wochenbettes die Krankenunterstützung auf die Dauer von mindestens 4 Wochen nach ihrer Niederkunft zu gewähren." "Auch jene weiblichen Mitglieder, welche in Gebäranstalten entbinden und welchen durch Ausübung von Ammendienst im Findelhaus Subsistenzmittel geboten werden, steht der Anspruch auf vierwöchentliches Krankengeld zu."
3. Hinsichtlich des Bergbaues gilt die Bestimmung: "Frauen und Mädchen jeden Alters dürfen nur 'über Tags' d.h. nur über der Erdoberfläche zur Arbeit verwendet werden." Ausserdem ist der Wöchnerinnenschutz beim Bergbau ein ausgedehnterer als bei gewöhnlichen Arbeiten, denn es heisst: Wöchnerinnen dürfen erst 6 Wochen nach ihrer Niederkunft und auf Grund ärztlicher Konstatierung ihrer Arbeitsfähigkeit schon 4 Wochen nach ihrer Niederkunft zur Arbeit verwendet werden.
4. Was die sonstigen gefährlichen Betriebe anbelangt, lautet die *allgemeine* Bestimmung der G.O. Übrigens ist der Handelsminister im Einvernehmen mit dem Minister des Innern ermächtigt im Verordnungswege jene gefährlichen oder gesundheitsschädlichen gewerblichen Einrichtungen zu bezeichnen, bei welchen jugendliche Hilfsarbeiter oder Frauen nicht verwendet werden dürfen.

### Nachtarbeit.

Für die fabrikmässigen Gewerbebetriebe ist die Nachtarbeit für die Frauen laut Abänderung der Gewerbeordnung vom 8. März 1885 eingeschränkt. Ausgeschlossen von diesem Schutze sind die in nicht fabrikmässigen Gewerben Beschäftigten, die Handelsangestellten, sowie die Frauen, die in der Hausindustrie arbeiten und sonstige Lohnarbeiterinnen niedriger Art. In den fabrikmässigen Betrieben sind folgende Ausnahmen vorgesehen: Bei der Bettfedernreinigung, Maschinenspitzenfabrikation, Papier und Halbzeugfabrikation, Konservenfabrikation und Zuckerfabrikation dürfen Frauen zur Nachtarbeit verwendet werden.

Die Gewerbeordnung des Jahres 1907 besagt, dass in fabrikmässig betriebenen Gewerbeunternehmungen die Arbeitsdauer der Hilfsarbeiter höchstens 11 Stunden binnen 24 Stunden betragen darf.

Die Verordnungen werden im Ganzen eingehalten, die Berichte der Gewerbeinspektoren erwähnen nur selten Überschreitungen.

### Heimarbeit.

Das grösste Elend, die schlechtesten Löhne und die längste Arbeitszeit finden sich wohl bei den Heimarbeiterinnen. Dies hat einerseits seinen Grund darin, dass die nicht voll Arbeitstauglichen in der Heimarbeit ihre Zuflucht suchen und andererseits in der Einrichtung des Zwischenmeisterwesens. In der Weissnäherei, Schneiderei, den Wäschereien, bei den Blumenmacherinnen und Stickerinnen ist eine 12-16 stündige Arbeitszeit keine Seltenheit, ebenso in der Heimarbeit beim Spitzenklöppeln, Handschuhnähen, Kamm- und Fächermachen. Im Baugewerbe werden die Frauen zu der bei Nacht vorgenommenen Arbeit des Kalklöschens verwendet. Die Arbeiterinnenorganisation betrug in der Bekleidungs-Textil und graphischen Industrie, im Jahre 1899, 10 Prozent und in den Gewerkschaften und Arbeiterbildungsvereinen 11 Prozent.

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## HOUSING OF THE PEOPLE.

### DIE WOHNUNGSVERHÄLTNISSE IN OESTERREICH.

Bei der letzten Volkszählung im Jahre 1900 wurde erwiesen, dass in Wien 119,688 Personen, das betrug 8.91 Prozent der Wiener

Bevölkerung in überfüllten Wohnungen wohnten. Mehr als ein drittel aller Wohnungen bestand nur aus Zimmer und Küche. Diese 161,063 Wohnungen waren im Jahre 1900 von 592,134 Menschen bewohnt.

In 60 oesterreichischen Städten wurde zur gleichen Zeit eine Wohnungsaufnahme vorgenommen. In 17 Städten der Alpen und Küstenländer, 32 Städten der Sudetenländer und 11 Städten der Karpatenländer. Es ergab sich, dass von den nur **aus einem Raum bestehenden Wohnungen** überfüllt waren—

in den Städten der Alpenländer . . . .	42.32 Prozent
„ tschechischen Städten . . . .	73.06 „
„ Städten der Karpatenländer . . . .	74.23 „

Von den Wohnungen **mit Zimmer und Küche** waren insgesamt 27.57 Prozent von 6 oder mehr Personen bewohnt. Die Differenz der einzelnen Städtegruppen ist für die Wohnungen mit 2 Räumen die folgende: überfüllt waren—

in den Städten der Alpenländer, nur . . . .	16.66 Prozent
„ „ Sudetenländer . . . .	28.41 „
„ „ Karpatenländer . . . .	38.70 „

Grosse Nachteile für die Gesundheit ergeben sich daraus, wenn in den Wohnungen gleichzeitig der Gewerbebetrieb stattfindet, wie dies für die Heimarbeit immer der Fall ist. Im Jahre 1890 wurden in Wien im I. und X. Bezirk 13.7 Prozent, in den übrigen Bezirken 12.7 Prozent aller Wohnungen gleichzeitig zum Geschäftsbetriebe und zum Wohnen verwendet. In den Städten Graz, Klagenfurt, Marburg, Pilsen, Prag, Reichenberg, Troppau wurden über 10 Prozent der Wohnungen auch zum Geschäftsbetriebe verwendet. Das schlimmste Übel ist die Aftermiete, das Bettgeherwesen. Es ist die Quelle vieler gesundheitlicher Übelstände, insbesondere aber der geschlechtlichen Ausschreitungen.

All das Gesagte ergibt, dass die Wohnungsverhältnisse für die Bevölkerung der Städte eine sehr ungünstige ist. Die Landbewohner hausen unter weit günstigeren Bedingungen. Dennoch kann man in den Städten von keiner Wohnungsnot sprechen, denn es mangelt nicht an leerstehenden Wohnungen; dieselben sind jedoch infolge der hohen Grundpreise und Steuerlasten für die ärmere Bevölkerung fast unerschwinglich. Während der Mittelstand ungefähr den fünften Teil seines Einkommens auf die Wohnungsmiete verwendet, brauchen die breiten Schichten der



Bevölkerung nahezu den dritten Teil ihres Verdienstes um mangelhaft untergebracht zu sein.

Mannigfache Erhebungen haben in den letzten 10 Jahren die öffentliche Aufmerksamkeit auf die Wohnungsnot gelenkt und es haben vereinzelte Versuche stattgefunden durch den Bau von Arbeiterwohnungen Abhilfe zu schaffen; diese sind jedoch vollkommen ungenügend.

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## Hungary.

National Council of Women.

Magyarországi Noégyesületek Szövetsége.

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### Report on Public Health,

BY

Dr. ILONA SZEMERE.

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#### THE RATE OF INFANT MORTALITY.

The rate of infant mortality per 1,000 children during the first year of life was, from the year 1898 to 1907, 22.2 per cent., 20.6 per cent., 21.8 per cent., 20.6 per cent., 21.7 per cent., 19.5 per cent., 23 per cent., 20.5 per cent., and 20.8 per cent. respectively. The fluctuation in these ten years was not very great, though one may remark the difference between the relative figures of the years 1904 and 1905, which happen to represent the minimum and maximum rates. Looking rather further back, we find that in 1871 the proportion of infants who died in the first year of life was more than 25 per cent., and there has undoubtedly been of late years a satisfactory improvement in this respect.

The Home Department has recently distributed a circular termed "Advice to Expectant Mothers." It is to be had in the offices of the registrars of births, and is printed in the languages of the different nationalities. Some of the medical societies are displaying more or less activity in giving advice to young mothers. In Budapest a branch of the Public Sanitary Society arranges courses of lectures every year under the title of "School for Mothers."

Act XIV. of 1876 provides—under penalty of a fine or imprisonment—obligatory medical attendance for children below seven years of age. It declares that the fee charged for medical attendance

on children below seven cannot exceed the half of the ordinary medical fee, and that gratuitous attendance shall be given in necessitous cases.

In 1906, important measures were taken for the protection of deserted children. By Act VIII. of 1901, State Refuges were instituted by the local authorities for children under seven who were found or declared deserted. The expenses were to be charged to the Hospital Fund. Act XXI. extended the application of Act VIII. to deserted children between the ages of seven and fifteen. The term "deserted" was said to include poor children whose parents or relations were either unable or unwilling to support them, or children not properly cared for by charitable and philanthropic societies. Such refuges are to be established in Budapest and in the larger provincial towns where maternity hospitals also exist. Sick or delicate children, or any requiring careful feeding and medical attendance, are kept in the institutions, the others are boarded out with families. Infants can be handed on to their own mothers by the physician of an institution, and she may be allowed a certain grant termed "allowance for alimony." If it is in the child's interest, the mother has to nurse her child within the refuge, or if the infant is given into the charge of a foster-mother, the mother may be obliged to nurse other infants for two months within the refuge, a certain sum being allowed. The refuge, as far as it is possible, has to attend to the education of the children in children's homes and primary schools.

It may be of interest to illustrate by some statistics the results of these institutions with regard to the great number of children cared for by the State. In Hungary proper there are 17 State Refuges, with medical staffs and certificated nurses and teachers, making a total of 150. Disregarding the fluctuation during the year, at the end of the school year 1907-8 the number of children cared for in refuges amounted to 33,680, of whom 2,703 were infants under one year.

Besides the State Refuges, there are several older institutions maintained by voluntary contributions doing excellent rescue and protective work among children. More than 5,000 children are being brought up in various orphanages and charity homes. The most valuable charitable association is undoubtedly the Hungarian State League for the Protection of Children, which is largely supported by donations.

## HYGIENE IN THE SCHOOLS.

Act XIV. of 1876, "Law of Public Health," stated that the most important facts relating to public health must be taught in the primary schools. Hygiene in these schools is not a separate branch, but is to be dealt with in the course of reading lessons. As a separate subject, "Hygiene and Health" is taught in trade schools, in secondary schools for girls, and in training colleges for women teachers. Two lessons a week are usually given. In secondary schools and in theological colleges, certificated physicians lecture on hygiene and public health.

Domestic economy and sanitary laws of a simple and practical character are taught in the classes of domestic "repetition schools" for girls, and in some towns there are also special institutes for domestic economy. In Budapest there are 36 such schools, with about 4,000 pupils.

It cannot be said generally that the sanitary conditions of our schools are satisfactory. The buildings of the higher educational institutes, secondary schools, preparatory schools, city schools, etc., for the most part fulfil the demands of public health, and where they fall short they will undoubtedly be replaced by new buildings within a short time. But the primary schools and the village schools still leave much to be desired in this respect, although the plans of school buildings have to be submitted to local authorities, and all schools have to be placed by the local authorities under the supervision of the parish physician. In some cases, however, schools have been started in buildings not originally intended for that purpose. The parish physician is *ex officio* a member of the School Board, and has to supervise all the sanitary conditions of schools and schoolrooms and to find out if there is no trachoma.

Monthly supervision of the trachoma has been declared compulsory in 1886 by the Home Department in all educational institutions. In some places there are special schools for trachomatous children. Children have to be re-vaccinated against smallpox before the age of twelve.

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## SANITARY CONDITIONS IN WORKSHOPS AND FACTORIES.

The protection of workpeople is provided under the Industrial Law, Act XVII., of 1884. In accordance with the provisions of

this law the employer is bound to provide and maintain in his factory whatever safeguards for the health and protection of his workpeople may be desirable according to the particular nature of the work. The industrial authority sends official inspectors to report whether the establishment complies with the requirements of sanitation. Supervision by inspectors is exercised over all matters relating to the dryness of localities and all conditions of pure air, sufficient light, good drinking water, precautions against fire, etc. The authority also insists upon the declaration of any accident and on first-aid appliances being at hand in the works and factories. A compulsory insurance system for workpeople provides for assistance in cases of accident or illness.

Apprentices under sixteen are, in terms of this Act XVII., prohibited from night-shift work, and are excluded from any work which might be destructive to their health and physical development. Women are exempted from work for a period of four weeks after confinement, even when they had previously settled such work by contract.

The employment of children under ten is forbidden. Children between the ages of ten and twelve may be employed only by permission of the industrial authority, and with the reservation that time is allowed for their school attendance. Apprentices under fourteen are restricted to a maximum working day of eight hours, and those between fourteen and sixteen are not allowed to exceed a ten hours' day.

The National Council of Women of Hungary works in several of its sections for the improvement of the social conditions among the working classes (Protection of Children, Protection of Youth, Protection of Working Women, Protection of Household Servants, Public Health, Anti-Alcoholism, etc.). The methods of the Council are mainly propagandist. Efforts are made to arouse interest, educate public opinion, and start some practical system of work in support of a recognised cause.

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## TUBERCULOSIS.

The proportion of deaths due to some form of tuberculosis during the years from 1898 to 1907 was as follows:—13.06 per cent., 14.26 per cent., 14.07 per cent., 14.38 per cent., 14.23 per cent., 14.85 per

cent., 15.72 per cent., 15.89 per cent., 15.50 per cent. Coroners do not define the particular kind of tuberculosis in their reports, but from the returns of physicians it has been estimated that 85 or 86 per cent. of tuberculous cases are cases of lung tuberculosis. Protective measures against tuberculosis were only started about ten years ago. It was on the urgent representation of professors, physicians, and statisticians that a social and public movement was begun to fight against this terrible scourge. The Home Department issued a Decree, No. 49,871/907, containing protective measures, and the local authorities drew up special regulations with regard to the sanitary conditions of workmen's dwellings, the housing accommodation of servants and working people, and the provision of recreation grounds and parks. Attention was also given to the inspection and supply of articles of food, and means were taken to impress upon the people the advantages of wholesome, nourishing diet. Regulations were also made to prohibit drunkenness.

Money is being collected in one place and another for the creation of sanatoria and dispensaries. Governmental offices publish and distribute popular pamphlets and leaflets, to instruct people, and to destroy the erroneous idea that tubercular disease is incurable. All sorts of advertisements on this point are placarded at the railway stations, in cafés, restaurants, hotels, clubs, and other public places. The preventive measures are fully explained by Dr. Cornelius Chyzer in his article, "La Lutte Contre la Tubercule en Hongrie," which appeared in the "Revue de Hongrie," 15th September, 1908. This year the Hungarian National Council of Women has commenced a campaign against tuberculosis, on the lines suggested by the Countess of Aberdeen's Health Association in Ireland.

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## Norway.

National Council of Women.

Norske Kvinders Nationalraad.

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### Bericht über die gesundheitlichen Zustände in Norwegen,

VON

Fru CLÅRE MJÖEN.

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Im Vergleich zu den grösseren und reichern Ländern steht Norwegen mit seinen Bestrebungen zur Hebung der sanitären Zustände verhältnissmässig noch im Anfangsstadium. Und doch verdient, in Anbetracht der bescheidenen Hilfsquellen, aus denen wir zu schöpfen haben, die Tätigkeit unseres Landes auf dem Gebiete der Volkshygiene ihre volle Würdigung. Das verflossene Halbjahrhundert hat, wie überall in der civilisierten Welt auch bei uns einen erfreulichen Aufschwung auf diesem Gebiete, sowohl vom prophylaktischen wie vom therapeutischen Gesichtspunkt aus aufzuweisen. Sowohl Staat wie Volk, sowohl die gesetzgebenden Behörden wie die private und öffentliche social—humanistische Tätigkeit haben Hand in Hand gearbeitet, um ihr bestes zu leisten nach dem Grundsatz des grossen Sociologen und Philosophen Stuart Mill: "The greatest happiness of the greatest multitude is the aim."

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#### KINDERSTERBLICHKEIT.

Die neusten Daten des statistischen Büreaus über die Sterblichkeit der Kinder, die ihr erstes Lebensjahr nicht vollenden, sind folgende:—

Es starben von 1,000—

1906 . . . . .	69·4	1901 . . . . .	92·8
1905 . . . . .	81·3	1900 . . . . .	90·2
1904 . . . . .	75·5	1899 . . . . .	104·9
1903 . . . . .	78·9	1898 . . . . .	90·9
1902 . . . . .	75·0		

Wie hieraus ersichtlich ist die Mortalitätskurve etwas im Sinken begriffen.

Unter den Maassregeln, die ergriffen worden sind, um junge Mütter und junge Mädchen in der Säuglingspflege auszubilden, verdienen die Bestrebungen des Landesvereins "das Wohl der Heimstätten" (hjemmenes vel) Erwähnung. Dieser Verein errichtete Kurse in der Säuglingspflege für junge Mädchen und werdende Mütter, sowie auch für Kindermädchen und Kinderpflegerinnen. Die Kurse sind sehr preiswert (45 M. 40 Kr.) für den viermonatlichen Kursus, einbegriffen freie Kost und häufig auch freie Station. Noch ist diese Institution jedoch zu neu, um schon wirksame und sichtbare Resultate erzielt haben zu können.

Um die hohe Sterblichkeitsziffer der Säuglinge zu reduzieren, haben wir verschiedene Veranstaltungen getroffen; so hat man in den grösseren Städten Kinderkrippen, wo Mütter, die tagsüber auf Arbeit gehen, ihre Kinder gewartet bekommen.

Erwähnung verdient noch unser vortreffliches Gesetz zum Schutz der Findelkinder. Jedes Findelkind, das in Pflege ausgesetzt wird, wird vom Gesundheitsamt in Kristiania überwacht. Ein eignes Bureau ist mit der Kontrolle betraut. Eine Frau ist Vorsteherin dieses Büreaus und unter ihrer Leitung arbeiten drei weibliche Assistenten, die der Leiterin täglich Bericht zu erstatten haben. Ausserdem sind in jeder Gemeinde Frauen, die sich direkt der Fürsorge für die Findelkinder widmen. Diese letzteren Ämter sind nicht besoldet da diese Arbeit als Bürgerpflicht betrachtet wird. Sobald die Geburt eines solchen Kindes auf dem Bureau zur Anzeige gekommen ist, hat der offizielle Arzt zu prüfen, ob das Haus in dem man das Kind unterzubringen gedenkt, den hygienischen Anforderungen genügt.

## SCHULHYGIENE.

In der Volksschule und der sogenannten Mittelschule, der Fortsetzung der Volksschule, ist Gesundheitslehre und menschliche



Physiologie obligatorisches Lehrfach in den höheren Klassen. Zur Zeit wird meist nur eine Stunde wöchentlich darauf verwendet, doch ist in der Presse und der öffentlichen Diskussion vielfach auf die Unzulänglichkeit dieser Einrichtung hingewiesen worden, was vermutlich eine Erhöhung dieses wichtigen Faches zu einem obligatorischen Hauptfach zur Folge haben wird.

Was die sanitäre Beschaffenheit unsrer Schulgebäude anlangt, so sind all in neuerer Zeit erbauten Schulen im speciellen Hinblick auf die hygienischen Forderungen: Luft, Licht, Sonne eingerichtet. Man versucht auch, mit dieser Forderung vor Augen, die älteren Schulgebäude tunlichst zu verbessern und umzubauen. Geräumige staubfreie und bepflanzte Schulhöfe und reichliches Lüften in den Zwischenstunden sind überall angeordnet.

Jede Schule hat ihren Schularzt, der an einem bestimmten Tage in der Schule zu treffen ist und die Kinder, deren Gesundheitszustand dem Lehrer nicht einwandfrei erscheint, untersucht und eventuell die nötigen Massregeln zur Internierung infektiöser Fälle ergreift.

## ARBEITERHYGIENE.

Das Gesetz über "die Beaufsichtigung und den Schutz von Arbeitern in Fabriken u.s.w." von 1892 ordnet an, dass Leben und Gesundheit der Arbeiter tunlichst möglich und auf zweckdienliche Art zu beschützen sei. Auf dem Arbeitsplatz oder in der Nähe desselben soll den Arbeitern Gelegenheit geboten werden, ihr Essen zu wärmen und wenn die Witterungsverhältnisse es gebieten, ihre Mahlzeiten in geschlossenen geheizten Räumen abzuhalten.

Ferner bestimmt die Arbeitergesetzgebung von 1892, dass Kinder unter 14 Jahren in der Regel nicht als Fabrikarbeiter verwendet und junge Leute im Alter von 14 bis 16 Jahren nur zu leichteren Arbeiten zugelassen werden dürfen. Wöchnerinnen werden nicht zur Fabrikarbeit zugelassen, ehe die vorschritts mässigen sechs Wochen nach ihrer Entbindung verflossen sind.

Für Anlagen und Betriebe, die mit besonderer Lebensgefahr verbunden sind, und leicht Ueberanstrengung verursachen, werden nachdem die nötigen Erkundigungen von Seiten des Arbeitschefe'n eingezogen worden sind, geschärfte Sonderbestimmungen getroffen. In Betrieben wo die Luft in den Fabrikräumen gesundheitsschädlich ist, darf den Arbeitern nicht gestattet werden, ihre Mahlzeiten in

den Arbeitsräumen einzunehmen oder ihre Ruhepausen dort zu verbringen. Besondere Lokalitäten sind ihnen dazu anzuweisen.

Unter ihren wichtigsten Programmpunkten für die kommende dreijährige Stortungsperiode hat die radikale Partei, die zur Zeit die mächtigste Partei des norwegischen Parlamentes ist und nach dem Prinzip der parlamentarischen Mehrzahl das Ministerium wählt, allgemeine Krankenversicherung, Invaliditäts- und Altersversicherung und eine Volksversicherung, die das ganze norwegische Volk umfassen soll. Mit dieser letzteren gedenkt man allmählich das gesamte Pensionswesen abzuschaffen durch individuelle Selbstversicherung jedes einzelnen, vom Beamten und Staatsangestellten bis zum kleinen Handwerker und Arbeiter. Es steht wohl dahin, ob diese weitreichende Reformfrage schon in der nächsten Dreijahrsperiode gelöst werden wird. Jedenfalls aber wird die oben erwähnte Krankenversicherung verwirklicht werden. Nach der Vorlage hat der Staat 2/10, die Kommune 1/10, der Arbeitsherr 1/10, und der Versicherungshaber die übrigen 6/10 der Prämie zwangsweise zu entrichten. Die Versicherung ist obligatorisch für alle Lohnarbeiter und Dienstboten, ausserdem hat jede Person, die ihr 15tes Lebensjahr erreicht hat, die Berechtigung, sich in der Kreiskrankenkasse ihres Heimatsortes zu melden, nur mit dem Unterschied, dass diese freiwilligen Versicherungshaber nicht 6/10 sondern 7/10 der Prämie zu bezahlen haben.

Zur Zeit sind die Verhältnisse so, dass im Falle der Erkrankung eines Arbeiters der Arbeitsherr die Kosten der ersten vier Krankheitswochen trägt. Ausserdem haben die meisten grösseren Fabriken ihre privaten Krankenkassen, in welche die Arbeiter kleine Beiträge (etwa 2 Kronen jährlich) einschiessen. Vielerorten giebt der Arbeitsherr freiwillige Beiträge an die Krankenkasse.

Unglücksfälle rangieren unter die allgemeine Reichsversicherung die vor etwa 10 Jahren eingeführt wurde. Hier werden sämtliche Beiträge von den Arbeitsherrn entrichtet, nach verschiedenen Tarifklassen mit einer bestimmten Quartalprämie je nach der Grösse des Betriebes, der Anzahl der in ihm beschäftigten Arbeiter und der Grösse des damit verbundenen Risikos.

Bei eintreffenden Unglücksfällen bezahlt die Versicherung dem Arbeiter Ersatz für ganze, halbe, oder viertel Arbeitsunfähigkeit. Bis vor einem Jahre umfasste die Reichsversicherung nur Fabrikarbeiter, jetzt erstreckt sie sich auch auf Forst- und Holzarbeiter und man plant, sie demnächst auch auf die kleineren Handwerker

auszudehnen. Die Reichsversicherung wird nach dem Programm der radikalen Partei durch die Einführung der Invaliditäts- und Altersversicherung teilweise umgestaltet werden.

## TUBERKULOSE.

Die letzten Sterblichkeitsziffern des statistischen Büreaus von Todesfällen als Folge tuberkulöser Erkrankungen vergleichsweise zusammengestellt mit andren Erkrankungen als Todesursache, ergeben folgende Tafel:—

Im Jahre 1906 starben von 100 an—

Tuberkulose . . . . .	22·08
Canser et sarcoma (Krebs) . . . . .	8·50
Syphilis . . . . .	0·21
Apoplexia et embolia cerebrix (Gehirnschlag) . . . . .	4·89
Debilitis senilis (Altersschwäche) . . . . .	15·29
Peritonitis diffusa (Magenentzündung) . . . . .	0·87
Morbus Brightii (Nierenkrankheit) . . . . .	2·44
Rachitis (Englische Krankheit) . . . . .	0·47
Febris typhoidea (Tyfus) . . . . .	0·48
Dephteria (croup) Diphtheritis . . . . .	1·81
Febris rheumatic (Gelenkrheumatismus) . . . . .	0·35
Tussis convulsia (Keuchhusten) . . . . .	1·62
Morbilli (Masern) . . . . .	0·16
Scarlatina (Scharlachfieber) . . . . .	0·30

Zwangsweise Angabe von tuberkulösen Fällen verordnet ein specielles Tuberkulosegesetz vom Jahre 1900, das wohl eines der strengsten und rigorösesten von allen zur Zeit existierenden genannt werden muss. Jeder Fall von Erkrankung tuberkulöser Art ist sofort dem Vorsteher des Gesundheitsamtes zu melden. Ist der Erkrankte nicht ortsansässig, ist der Fall dem Gesundheitsamt seines Heimatsortes mitzuteilen. Das Amt hat Protokoll zu führen über sämtliche innerhalb seines Distriktes vorkommenden Erkrankungs-Heilungs und Todesfälle dieser Art.

Sobald der Kranke in ärztliche Behandlung gekommen ist, hat der Arzt Anweisung zu geben, was zu tun ist, um die Verbreitung der Krankheit zu verhüten und darauf zu achten, dass seinen Anweisungen Folge geleistet wird. Sieht der behandelnde Arzt sich nicht imstande, die notwendigen hygienischen Veranstaltungen

zu bewerkstelligen, hat er dem Gesundheitsamt davon Meldung zu machen, indem er die vorhandenen Missstände berichtet. Auf Anfrage des Gesundheitsamtes ist der Arzt verpflichtet, jederzeit die notwendigen Erklärungen über die jeden Einzelfall betreffenden hygienischen Verhältnisse abzugeben.

Wo der Kranke nicht unter ärztlicher Behandlung steht, hat das Gesundheitsamt entweder selbst oder ein von ihm dazu befähigter Arzt die hygienische Aufsicht zu führen in der Ausdehnung wie die Art und Natur jedes Einzelfalles dies erfordert.

Wenn der Kranke oder seine Umgebung die Befolgung der vom Gesundheitsamt gegebenen Vorschriften unterlässt, und es sich infolgedessen als unmöglich erweist dem Patienten die zur Bekämpfung der Krankheit notwendige Pflege angedeihen zu lassen, kann das Gesundheitsamt beschliessen, den Patienten in ein Krankenhaus überführen zu lassen. Trennung von Eheleuten darf jedoch, wenn diese den Wunsch äussern vereint zu bleiben, nicht stattfinden.

Norwegen hat seit mehr als einem Jahrzehnt lebhaft Anteil genommen an dem Kampf gegen die Tuberkulose. Wie wir aus den statistischen Tafeln gesehen haben, ist die Tuberkulose der Urheber eines Fünftels sämtlicher Todesfälle. Trotzdem von einem eigentlichen Proletariat im engeren Sinne in Norwegen (ausgenommen vielleicht in der Hauptstadt), kaum die Rede sein kann, und das Land mit seiner spärlichen Bevölkerung und seiner herrlichen Gebirgsnatur ein einziges grosses Volkssanatorium genannt werden darf, so haben doch Armut, Unterernährung und Unwissenheit das ihrige getan, um unsre Landbevölkerung in hohem Grade für die Invasion der Krankheitskeime empfänglich zu machen. Es hiess also auch hier, sich zum Kampf zu rüsten gegen die landesverheerende Seuche. Der Staat als solcher hat dies vor allem durch das schon erwähnte Tuberkulosegesetz und durch Errichtung von Volksheilstätten getan, die Gemeinden durch Gründung von Sanatorien, Beiträge zu Freiplätzen oder durch besondere Abteilungen für Tuberkulose an den kommunalen Spitälern und endlich haben die privaten Organisationen und Landesvereine als Organe der wohlthätigen Einzelbetätigung eine erfolgreiche Tätigkeit entfaltet.

Unter diesen Organisationen verdient specielle Erwähnung der "Sanitätsverein norwegischer Frauen," der ein Glied des Bundes norwegischer Frauenvereine ist. Er besteht aus 65 über das ganze

Land verteilte Zweigvereine, die ca. 7,000 Mitglieder zählen. Gegründet im Jahre 1896 auf Veranlassung des Vereins norwegischer Frauenrechtlerinnen, sah der Sanitätsverein zunächst sein hauptsächliches Arbeitsfeld in der Beschaffung von Material zur Krankenpflege in Friedens- und Kriegszeiten, helfenden Handreichungen bei Katastrofen, wie Schiffbrüche, Erdbeben, Schneelavinen, Feuersbrunst, etc., die unsrem durch den Kampf mit den Elementen hart heimgesuchten Volke häufig Schaden an Leib und Leben verursachen. Im Jahre 1899 beschloss der Sanitätsverein, veranlasst durch einen Vortrag der Frau Cläre Mjøn, die Aufgaben der Frau im Kampf gegen die "Tuberklose," seine Hauptkraft diesem Kampf zu widmen. Die Präsidentin des Vereins, Frau Fredrikke Quam, ist zur Zeit 1. Vicepräsidentin, Frau Mjøn korrespondierender Secretär des Bundes norwegischer Frauenvereine. Das vornehmste Bestreben des Vereins ist die Beschaffung von Mitteln zur Errichtung von Pflegeheimen und zur privaten Unterstützung und Verpflegung von Tuberkulösen. Pflegeheime hat der Verein bereits aus eignen Mitteln in Gang gebracht und erhalten. Vom Sanitätsverein angestellte und besoldete Pflegeschwestern gehen täglich in den Armenquartieren der Stadt in die Wohnungen der Kranken, sorgen für Lüftung und Reinlichkeit, warme Kleidung, kräftige Ernährung und Medikamente, soweit die Mittel des Vereins dies gestatten. Für Aufklärung über die Verhütung der Disposition und Infektion sorgt der Sanitätsverein durch Verbreitung von Flugschriften in tausenden von Exemplaren über das ganze Land sowie durch Vorträge. Die notwendigen Mittel für die Bestreitung dieser Ausgaben fließen teils aus der Vereinskasse, teils aus Beiträgen privater Initiative. Die norwegische Königin ist Beschützerin des Sanitätsvereins. Als Propagandanittel und Einnahmequelle nachahmenswert ist die Institution der Sanitätsfreimarke, die zum Preise von 2 Öre (c., 2½ Pfennig; drei Centimes) bei allen Postanstalten und in einer Reihe von Geschäften zu kaufen ist und auf Pakete und Briefe geklebt wird.

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## Belgium.

National Council of Women.

Conseil National des Femmes Belges.

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### Report on Public Health,

BY

Mme. HOUYOUS RICHALD.

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### MORTALITÉ DES ENFANTS EN BAS ÂGE.

“ Dans l'ensemble de la Belgique le taux de la mortalité infantile se caractérise par une *constance* qui contraste douloureusement avec l'abaissement marqué et continu du taux de la mortalité en général ” (C. Jacquart, Démographie belge).

Vers 1876 il mourrait annuellement 21 pour 1,000 habitants, vers la fin du XIX<sup>e</sup> siècle cette proportion descendait à 17 pour 1,000, tandis que la statistique prouve que la mortalité des “ babies ” au dessous d'un an reste excessive.

La comparaison des tables de mortalité entre 1879-1881 et entre 1899-1901 fait constater cependant une diminution de 6 pour 100, réduction qui se réduit à zéro quand on tient compte de la diminution de la natalité.

L'exorbitante mortalité des petits enfants a été mise en lumière par les belles statistiques de M. Willmart, chef de la division d'hygiène de la ville de Bruxelles.

La Belgique, malgré sa petite étendue (29,456 K. cub.), possède

la population la plus dense de toutes les nations (près de 7 millions) et donne le jour à près de 200,000 enfants annuellement.

Plus du tiers du total des décès (exactement 350 pour mille de 1896 à 1901) se produit dans les quatre premières années de vie. Les décès de moins de un an (appelons les nourrissons pour abrégé) représentent 25 pour 100 du total général.

Sur 1,232,168 décès pendant la période 1891-1900 les nourrissons en ont fourni 300,035 soit 24.3 p.c., ou à peu près le quart, comme le constate M. Leclercq (Tables de Mortalité, Hayez, 1903, p. 37).

En général le taux de la mortalité des nourrissons pour le pays entier est de 160 pour mille, mais dans les Flandres il s'élève à 200 et 250 pour mille.

C'est depuis bien des années, dans nos pauvres et rustiques Ardennes dépourvues d'industrie et de fabrique, que la mortalité des nourrissons est la moins élevée—119.4 pour mille.

L'arrondissement de Philippeville avec son pourcentage idéal de 101.2 pour mille qui se rapproche du taux des enfants des familles de pasteurs anglais et américains (70 ou 80 pour mille) et qui est cité comme "normal" par tous les statisticiens modernes—Hodgson, Sündbärg, Böcky (du Bureau municipal de Berlin)—fait une saisissante opposition avec l'affreuse hécatombe de l'arrondissement d'Ostende, 286 pour 1,000; Turnes, 240 pour 1,000; St. Nicolas, 240 pour 1,000.

Le rapprochement s'impose avec les misérables et incultes populations de la Russie, 290 pour 1,000! Quant au degré d'insécurité, d'inhospitalité qui y menace les enfants en bas âge!

Le statisticien se trouvant face à face avec la poignante et mystérieuse infortune de bébés innocents qui ne font qu'apparaître et disparaître en laissant à leurs mères ignorantes autant qu'irresponsables, un triste souvenir de douleurs physiques et morales, se demande le *Pourquoi* de cette destinée et le moyen de remédier au triste sort de ces petits humains.

Or, c'est toujours après six mois accomplis que la mort fauche le plus de petites existences, et la cause du décès est le plus souvent la hideuse et évitable entérite . . . c'est donc évidemment le système d'alimentation qui est détestable!

Ce système, l'élevage artificiel au biberon à long tube, est de plus en plus appliqué surtout dans les Flandres où la nécessité et l'espoir du gain poussent les femmes vers les fabriques, les ateliers.

Le long tuyau de caoutchouc du biberon ne peut être nettoyé qu'avec d'infinies précautions, en réalité il ne l'est jamais et le nourrisson avale avec avidité une infecte et puante bouillie de lait qui empoisonne ses intestins et le condamne infailliblement au sépulchre.

Le Gouvernement belge, en ceci comme en une infinité de matières, laisse une grande part à l'initiative privée dans la lutte contre la mortalité du premier âge.

Pourtant, il a organisé des conférences dans les provinces qui sont faites par des médecins hygiénistes. Il faut remarquer que ces conférences ne touchent qu'un public déjà quelque part préparé et que la grande masse des mères de la campagne et des petites localités reste indifférente.

Le Gouvernement accorde son patronage à une œuvre qui centralise en quelque sorte les moyens dont dispose le pays dans sa lutte contre la mortalité des "petits": c'est la Ligue nationale belge pour la protection de l'enfance du premier âge.

Son promoteur est le Docteur Lust, de Bruxelles, qui en 1897 fondait dans la capitale une Laiterie maternelle—œuvre de distribution de lait aux nourrissons indigents, avec comme complément indispensable, une consultation de nourrissons. Point n'est besoin d'entrer dans beaucoup de détails, cette "consultation" était en réalité une véritable école de puériculture pratique. D'autres œuvres se fondèrent ensuite parmi lesquelles nous citerons celle du Docteur Charles, à Liège, mais ce fut encore le Docteur Lust qui eut l'idée de co-ordonner toutes les bonnes volontés éparses afin de combattre le fléau avec les meilleures armes et sur tous les points à la fois.

En 1903 fut donc fondée la Ligue nationale belge pour la protection de l'enfance du premier âge sous la guide de la Société royale de Médecine publique, à la suite du Congrès international d'Hygiène.

Cette Ligue centralise le travail et prend toutes les mesures de préservation qu'elle juge utiles contre les facteurs de nuisance accumulés autour du "nourrisson."

Pour atteindre son but de préservation, elle s'attache à susciter l'organisation d'institution qui pourront procurer du repos aux femmes pauvres pendant les dernières semaines de leur grossesse et les premiers temps après leur délivrance (assurances maternelles—œuvres d'assistance mutuelle).



Elle encourage l'allaitement maternel ;

Favorise la naissance de consultations de nourrissons et la distribution de bon lait naturel ;

Fait une propagande active—conférences, brochures, etc. Elle cherche aussi à empêcher les assurances infantiles, véritable prime à l'infanticide ! Elle désire organiser une surveillance efficace sur les enfants en garde et en nourrice.

Nous espérons que la discussion de la loi sur la protection de l'enfance sera quand même une fois discutée au Parlement et que nos législateurs voudront bien l'inspirer de l'excellente loi Roussel (France, 1874). Voilà les " desiderata " immédiats de la Ligue. Voyons quelles réformes ont déjà été accomplies.

La Ligue comprend autant de sections que de provinces, mais c'est naturellement le sous-comité du Brabant qui a donné l'exemple de la plus grande activité.

La Ligue a provoqué l'éclosion d'une vingtaine de consultations pour nourrissons, dont une dizaine dans l'agglomération.

Ces consultations si utiles ne sont guère soutenues par les administrations publiques qui ne leur accordent que de fort maigres subsides. Les pouvoirs publics ne semblent pas encore avoir compris que cette hygiène préventive leur ferait réaliser d'importantes économies sur leur budget de la bienfaisance, tout en augmentant la somme du bonheur général, " Prevention is better than cure."

En province le mouvement en faveur des " gouttes de lait " comme on les appelle aussi est encore beaucoup trop peu intense ; dans les campagnes il est presque nul.

A Gand, le Docteur Miele a fondé une magnifique " Consultations de Nourrissons," avec une vaste distribution de lait—école de puériculture—formation de nurses pour les bébés—enseignement aux mères. À Gand la mortalité des enfants est excessive parmi les ouvrières de fabriques. Grâce à M. Miele, plusieurs centaines de vies sont épargnées chaque année.

La Ligue a également répandu dans toute la Belgique plus de 500,000 brochures contenant des instructions aux mères de familles. Dans beaucoup de communes on en remet une gratuitement à toute personne faisant une déclaration de naissance.

Beaucoup d'administrations communales donnent au moment du mariage un livret contenant des instructions sur l'élevage des bébés.

Actuellement dans presque toutes les écoles normales profes-

sionnelles et ménagères officielles existe un cours de pédagogie maternelle donné aux jeunes filles des classes supérieures.

Dans plusieurs grandes villes du pays, entr'autres à Ostende où la mortalité infantine est si considérable, on conduit les élèves de l'école primaire dernière année d'études, à la crèche pour leur permettre de soigner pratiquement les bébés.

À Bruxelles au dispensaire d'enfants Prince Charles de Belgique, Place des Martyrs 15, se donne du mois d'Octobre au mois de Juin, un cours de puériculture. Ce cours ou plutôt cette école, s'adresse surtout au personnel enseignant, surveillantes de crèches et pouponnières, garde-couches, garde-malades, accoucheuses, etc.

Le sous-Comité du Brabant, qui a fondé l'école type dont nous venons de parler, s'efforce aussi d'organiser "l'Assistance maternelle." œuvre qui permettra le repos à l'accouchée par un système de versements mensuels.

Il y a lieu en Belgique une loi du 13 Dec. 1889, qui prescrit aux accouchées un repos de quatre semaines, mais cette loi est restée sans sanction parce qu'elle n'a pas prévu le moyen de réaliser par une indemnité protectrice et compensatrice ce chômage forcé.

Enfin, un membre du Comité de la Ligue, le Dr. Delbastée, a fait adopter à l'unanimité par la Chambre (mais non encore par le Sénat) une proposition de loi interdisant les assurances sur la vie des enfants de moins de cinq ans.

Terminons par cette remarque, qu'il n'existe dans notre pays aucune œuvre officielle de visites ou de conseils à domicile.

On nous signale à la dernière minute le Dispensaire avec distribution de lait annexé à la Société des Enfants martyrs. Il y a aussi un réfectoire spécialement destiné aux mamans qui nourrissent elles mêmes leurs bébés.

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## HYGIÈNE À L'ÉCOLE.

D'une manière générale on peut dire que l'enseignement de l'hygiène et de l'économie domestique dans la préparation des professeurs et des élèves est obligatoire pour ceux qui fréquentent l'école, mais que la Belgique, nous devons l'avouer à notre honte, n'est pas un pays d'enseignement obligatoire. On y compte essentiellement sur l'initiative privée et l'on a une crainte puerile

d'attenter à la "liberté" du père de famille. Comme si la plus belles des libertés consistait, pour celui-ci à laisser ses enfants croupir dans l'ignorance, parfois même contre la volonté de la mère impuissante.

Heureusement que l'enseignement primaire est aux mains des communes. . . . Les grandes villes—Bruxelles, Anvers, Liège, Gand, etc., etc.—ont d'admirables *écoles communales* qui ne font que subir l'inspection du gouvernement et sauvent à l'étranger le bon renom de la Belgique enseignante!

Il y a une disjonction à faire entre l'hygiène et l'économie domestique. L'hygiène est obligatoire dans le programme des écoles normales et des écoles primaires, il comprend environ une heure de cours par semaine aux trois degrés—inférieur, moyen, supérieur.

Mais pour les filles l'école primaire doit être à même de leur fournir les éléments nécessaires de l'art de tenir une maison.

En 1886 le Gouvernement belge institua une "Commission du Travail" qui ouvrit une vaste enquête sur la situation des industries et des travailleurs. Cette commission signala comme une des causes principales de la misère des familles ouvrières, l'absence d'ordre et d'économie chez la ménagère, son ignorance et son incapacité. Elle montra l'absolue nécessité de préparer par l'école les jeunes filles à leur tâche domestique.

Le Gouvernement résolut alors de régulariser l'enseignement des travaux du ménage et d'encourager efficacement la création d'écoles ménagères. Cette excellente réforme fut étendue en même temps aux écoles normales, aux écoles primaires et d'adultes.

La loi de 1895 n'a pas compris l'économie domestique parmi les branches obligatoires du programme des écoles primaires. Par contre il y a porté l'hygiène. Mais "dans l'esprit du Gouvernement," dit M. Corman, Directeur général de l'Instruction primaire, et délégué du Gouvernement belge au Congrès de Fribourg (1908), "l'économie domestique n'est en dernière analyse qu'une application constante des lois de l'hygiène." Aussi a-t-il eu soin de comprendre, dans son programme, type de 1897, que la plupart des communes se sont empressées d'adopter l'économie domestique parmi les branches facultatives.

On peut dire qu'aujourd'hui, surtout dans les grandes communes, les jeunes filles belges qui ont fréquenté les écoles primaires ont été toutes, plus ou moins bien préparées à leur rôle de ménagère.

Déplorons cependant l'absence d'obligation scolaire, et l'absentéisme regrettable de beaucoup de fillettes retenues à la maison pour y travailler, y élever (et comment!) leurs frères et sœurs, et disons aussi puisqu'ici nous pouvons tout dire, qu'en général, et surtout dans les campagnes, les petites filles cessent souvent de fréquenter l'école après leur première communion (entre 11 et 12 ans!).

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*Les bâtiments d'école sont-ils tous conformes aux lois de l'hygiène ?*

En vertu de la constitution l'enseignement est libre en Belgique. Nous ne nous occuperons donc que de l'école publique, officielle.

Les plans relatifs à l'édification des écoles sont soumis aux autorités qui veillent à ce que les préceptes de l'hygiène scolaire soient observés :—

- (1<sup>e</sup>) Les murs seront peints à l'huile ou badigeonnés.
- (2<sup>e</sup>) Les salles de classes doivent être éclairées, la lumière pénétrant du côté gauche.
- (3<sup>e</sup>) Les planchers murales auront des surfaces lisses.
- (4<sup>e</sup>) Les élèves doivent disposer du cube d'air réglementaire (4 mètres cubes).
- (5<sup>e</sup>) Le nettoyage à sec sera proscrit, les poussières enlevées avec un linge humide.

A l'instituteur incombe le soin d'enseigner les mesures d'hygiène individuelle : propreté, respect de soi-même, manières de réformer son attitude, de respirer par le nez. Les mesures de défense contre les maladies contagieuses, l'alcoolisme, le tabac, etc.

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*Avez-vous une inspection médicale dans les écoles ?*

Les grandes communes de Belgique ont toutes une inspection médicale, salariée par elles dans leurs écoles. Elles ont même plus qu'une inspection—elles ont une véritable source de santé, très pratiquement organisée.

Bruxelles, Schaerbeek, Mons, Charleroi, Marcinelle, etc., ont une carte sanitaire par élève et un dossier pédagogique. Le médecin y inscrit ses observations sur la perméabilité nasale, l'état des amygdales et en général sur tout ce qui se rapporte à l'état physique de l'enfant.

La ville de Bruxelles se charge de vacciner et revacciner périodiquement les écoliers dont les parents en font la demande, le dentiste visite les classes et donne ses soins à des centaines d'élèves, il y a des distributions quotidiennes d'huile de foie de morue, des bous-douches organisés dans les écoles de garçons, avec coupe des cheveux par un coiffeur salarié.

Il y a même en préparation un laboratoire pour l'examen ophtalmologique et rhinolaryngologique, et il est question de créer dans chaque école une place d'Infirmière-Institutrice chargée des petits soins médicaux.

Dernièrement deux docteurs femmes, Mesdames Pinchart et Weill-Guyot, ont été nommés médecins des écoles primaires et des jardins d'enfants.

Ces soins médicaux joints aux distributions de vêtements et de nourriture aux écoliers nécessiteux constituent les premisses d'un nouveau système d'orientation pédagogique basée sur la formule célèbre, "Mens sana in corpore sano."

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## LA TUBERCULOSE.

"Si," dit Bordier (*Géographie médicale*, Paris, 1886), "on nous annonçait que, dans l'année, une maladie surviendra qui sévissant sur la terre entière fera mourir plus de trois millions d'individus, nous verrions les pays civilisés en proie à une de ces paniques que la peste, le choléra et tous les fléaux que nous redoutons avec raison ont eu seuls jusqu'ici le privilège de provoquer; or, cette maladie existe—c'est la phthisie pulmonaire ou tuberculose, la plus grave, la plus terrible que nous connaissons."

On peut évaluer en Europe la mort par la tuberculose à environ un cinquième de la mortalité générale.

En Belgique, d'après les Docteurs Gallemaerts, Destrée, etc., il y a sur 1,000 décès généraux dans le

Limboung . . . . .	240	} Zone flamande.
Flandre ori. . . . .	226	
Anvers . . . . .	200	
Flandre occ. . . . .	194	

Brabant . . . . .	194	Zone mixte.
Hainaut . . . . .	171	} Zone wallonne.
Namur . . . . .	149	
Liège . . . . .	141	
Luxembourg . . . . .	122	

M. Houzé a cherché d'établir une corrélation entre la race et la tuberculose. Il a trouvé que la taille des Wallons étant plus petite, leur indice de vitalité et leur capacité thoracique sont plus élevés. Les tuberculeux héréditaires ont une taille plus élevée que les sujets normaux de même race. Donc—

Zone flamande, la taille moyenne étant 1.661 m., la proportion est 215 pour 1,000 ;

Zone mixte, la taille moyenne étant 1.660 m., la proportion est 194 pour 1,000 ;

Zone wallonne, la taille moyenne étant 1.648 m., la proportion est 145 pour 1,000.

Pour la ville de Bruxelles (zone mixte ou brabançonne) il y a belle collection de documents collationnés au Bureau communal d'hygiène par M. Taussens.

A Bruxelles (pris comme type), sans les faubourgs, il y a eu—

1864 . . . . .	706	décès par tuberculose.
1884 . . . . .	588	„ „
1885 . . . . .	537	„ „
1887 . . . . .	569	„ „

Voici la mortalité par périodes décimales—

1864-1873 . . . . .	773	par an.
1874-1883 . . . . .	690	„

À l'inverse de Paris constatons que la mortalité par la tuberculose diminue à Bruxelles. Ce rare succès est dû à l'organisation parfaite du service d'hygiène institué par la ville. Ce service comprend la désinfection officielle et gratuite des logements et la distribution de conseils, tracts, désinfectants, etc.

Cependant, il faut reconnaître que les logements ouvriers sont pour la plupart beaucoup trop exigus et que l'on n'est pas encore remonté à la source même du mal. En ce moment même la ville de Bruxelles étudie la transformation de tout un quartier ouvrier et l'érection de nouvelles maisons plus hygiéniques et plus spacieuses.

Il a été procédé d'office et gratuitement pendant le premier trimestre de 1908 à 852 désinfections gratuites. Les personnes expulsées ont été hibernées soit le jour ou la nuit au poste sanitaire

et ont reçu des secours en nature et des bons de nourriture. Il y a en eu outre 5,275 inspections techniques des maisons signalées comme insalubres.

Pendant le second trimestre 808 désinfections et 6,989 inspections ;

Pendant le troisième trimestre 522 désinfections et 4,936 inspections.

On voit la grande activité du Bureau d'Hygiène ; pourtant en douze ans, pour la capitale seule, sans les faubourgs, la tuberculose tua 10,333 personnes.

Dans le même laps de temps, toutes les maladies contagieuses réunies, variole, scarlatine, rougeole, typhus, diphtérie, fièvre puerpérale ne provoquent que 4,002 décès, donc 6,000 de moins que la tuberculose seule !

En prenant les jeunes adultes entre 20 et 40 ans voici la statistique par période décimale :—

	Mortalité totale.	Phtisique Pulm.	Choléra.	Typhus.	Variole.	Rougeole.	Diphtérie.	Totaux.	Autres Causes.	Scarlatine.
1864-1868	4,744	2,068	817	233	84	3	13	1,134	1,542	24
1869-1873	5,023	2,381	...	632	307	5	6	979	1,663	29
1874-1878	4,604	2,423	...	140	47	...	1	304	1,877	2
1879-1883	4,413	2,328	...	178	69	2	2	257	1,773	6
1864-1883	18,784	9,200	817	1,173	507	10	22	2,674	6,855	61

Donc dans l'espace de 20 ans à Bruxelles, pris comme type, sur 18,784 décès survenus de 20 à 40 ans, 9,200 étaient dûs à la tuberculose pulmonaire, 2,674 à des maladies contagieuses, 6,855 à d'autres maladies.

Voici des renseignements généraux concernant Bruxelles et les provinces (extraits du bulletin trimestriel de statistique démographique et médicale) :—

**1er Trimestre, 1908 (Treize Semaines).**

Agglom. bruxelles.	Superficie.	Popula- tion.	Taux p. 1,000 Natalité.	Taux p. 1,000 Mortalité.	Tuber- culose p. 1000.	Nourrissons
Bruxelles et faubourgs	6,660 hect.	629,650	188	166	263 cas.	432 cas.
Anvers - - - -	2,262 „	304,000	230	150	98 „	250 „
Liège - - - -	1,895 „	172,000	170	170	58 „	86 „
Gand - - - -	2,698 „	163,000	210	250	60 „	237 „
<b>2nd Trimestre, 1908.</b>						
Bruxelles et faubourgs	...	630,078	174	143	249 cas.	365 cas.
Anvers - - - -	..	310,903	221	126	81 „	248 „
Liège - - - -	..	173,939	161	140	55 „	62 „
Gand - - - -	...	164,117	219	165	50 „	164 „
<b>3e Trimestre, 1908.</b>						
Bruxelles et faubourgs	...	630,078	157	126	184 cas.	516 cas.
Anvers - - - -	...	310,903	21	114	67 „	314 „
Liège - - - -	...	173,939	...	...	40 „	136 „
Gand - - - -	...	164,117	...	...	36 „	271 „

La comparaison des tables de démographie démontrera à suffisance que le même fait de supériorité des décès par tuberculose existe pour toute la Belgique. Et encore malheureusement les statistiques sont plutôt favorables parce que la déclaration de la cause des décès est *facultative* pour le médecin.

Voici la proportion presumée d'après les Docteurs Gallemaerts et Destrée, alors que la Belgique avait une population de six millions d'habitants, aujourd'hui elle compte presque sept millions, (sa colonie du Congo environ 24 millions!)—

(1<sup>e</sup>) Les agglomérations urbaines, 1,400,000 fournissent par an 5,177 décès par tuberculose.

(2<sup>e</sup>) Les campagnes, villages et petites villes, 4,500,000 fournissent par an 11,093 décès.



Soit pour la Belgique entière environ 16,270 décès par tuberculose pulmonaire, ou 294 par 1,000. Sur 6,270 décès par tuberculose pulmonaire nous trouvons 109,000 décès généraux annuels, soit 149 pour 1,000.

Pourrait-on évaluer, sans faire entrer en ligne de compte, la somme énorme et inappréciable de chagrins et de larmes, le dommage matériel que la tuberculose fait subir à la nation?

En Angleterre, Chadwick évalue à 5,000 frs. la valeur d'un travailleur adulte, Tarr à 3,975, Rochard en France à 1,097 frs. seulement.

En prenant en Belgique une moyenne de 3,360 frs., nous payons au moloch de la tuberculose un dû mortuaire de plus de 55 millions de francs par année. Et si nous y ajoutons frais de maladies, d'hospitalisation, etc., nous arrivons à près de 60 millions comme perte économique.

Voici quelques chiffres intéressants par profession: les facteurs, gardes convoi, commissionnaires, bateliers, vachers, terrassiers, charbonniers, musiciens, ambulants, colporteurs, décrotteurs—274 sur 1,000 décès.

Les bijoutiers, orfèvres, savonniers, armuriers, 455 sur 1,000.

Les cultivateurs, seulement 116 sur 1,000.

Les garçons de café, la proportion effrayante de 666 pour 1,000.

Les militaires en service, 480 pour 1,000.

Les rentiers, 60 pour 1,000.

Et voici quelques métiers féminins:—

Fleuriste, modiste, dentelières, brodeuses, 450 pour 1,000.

Demoiselles de magasin, 337 pour 1,000.

Piqueuses de bottines, 392 pour 1,000.

Blanchisseuses et repasseuses, 577 pour 1,000.

Et par rapport aux sexes?

Jusque 20 ans la proportion est à peu près la même dans les deux sexes, après elle devient plus forte chez les hommes.

Ici interviennent l'influence nuisible des poussières des ateliers et des règles d'hygiène qui ne sont pas assez sévèrement appliquées. Beaucoup d'hygiénistes et de médecins attribuent aussi ce pourcentage en faveur des femmes à la respiration à type costal qui s'établit franchement chez elles vers vingt ans. Ce mode de respiration dilaterait davantage les poumons vers leurs sommets et l'on sait que c'est généralement par la partie supérieure que débute la tuberculose. Chose curieuse bien que la tuberculose soit une

maladie de misère physiologique, ses ravages ne sont guère moindres dans la classe aisée que dans la laborieuse. Celle-ci nous donne une moyenne de 5,122 décès sur 5,367 dans celle-là.

Ici il y a une réflexion très philosophique, c'est que la solidarité qui existe entre pauvres et riches devant la tuberculose devrait aussi exister logiquement dans l'arsenal de guerre pour la combattre. Les riches comme les pauvres doivent souhaiter la démolition des quartiers surpeuplés, des impasses nauséuses, des rues trop étroites, et appliquer dans toute leur rigueur les règlements d'hygiène imposés à grand peine par les villes soucieuses de leur bonne réputation.

Que le mauvais riche tremble! La justice immanente—la solidarité—mettra dans la doublure parfumée du corsage de bal de sa fille unique et bien aimée, une parcelle séchée du crachat tuberculeux de la couturière en chambre, et la belle jeune fille mourra . . . innocente holocauste d'un père figé dans son apparente immunité. . . .

### Mesures de Prévention—Désinfections.

Bien que ce soient les crachats qui représentent le véhicule le plus redoutable du bacille de Koch, les matières fécales et l'urine peuvent également en être chargées, il en est de même du pus et du sang, enfin le lait des vaches tuberculeuses en contient fréquemment.

La désinfection doit donc porter sur les crachats et sur tous les objets en contact avec le malade. Le crachoir sera imposé par la persuasion. Il contiendra de la sciure de bois imbibée de chlorure de zinc, de permanganate de potasse, etc. Il sera soigneusement stérilisé à l'eau bouillante tous les jours.

Défense sera faite de cracher par terre et de nombreuses crachoirs seront disposés dans les ateliers, bureaux, endroits publics, etc.

Comme agent de désinfection signalons l'étuve Geneste et Herdier (vapeur d'eau sous pression) qui détruit les germes de Koch en 20 minutes.

A côté des mesures de désinfection proprement dites, il y a des précautions très importantes et qui ne sont guère observées par le public.

Entr'autres la surveillance très stricte, très sévère des étables et du lait de vache. Le lait est un bon véhicule de la tuberculose. La loi belge du 4 Août 1890 s'occupe de bien des denrées alimentaires,

mais elle est fort peu explicite pour le lait. La tuberculisation n'est pas obligatoire, et il y a beaucoup à faire sous ce rapport en Belgique.

Enfin, il faut remonter encore plus haut, faire de l'hygiène générale pour rendre le corps réfractaire à la tuberculose. Ce n'est point une maladie de civilisation, mais de misère, d'encombrement et c'est à la civilisation à la combattre. Le Congrès d'Hygiène de Vienne a d'ailleurs émit le vœu que la tuberculose soit rangée dans la catégorie de maladies dont la terminaison fatale doit être suivie d'une désinfection radicale et obligatoire.

Mais malheureusement en Belgique, il n'en est pas ainsi. . . .

De même que quand il s'est agi des mesures à prendre pour la préservation de l'enfance du premier âge, ce fut une puissante société fondée sous les auspices de la " Société royale de Médecine publique " qui centralisa les mesures de guerre contre la tuberculose (1898).

La " Ligue nationale belge contre la Tuberculose " fut bientôt autonome et compris outre son Comité centrale, autant de sections que de provinces.

Elle remontra quelques œuvres déjà existantes, entr'autres l'œuvre excellente des tuberculeux à Liège. Après une période de tiraillements, un accord se fit et l'œuvre des tuberculeux fut affiliée sous certaines conditions, à la section de la province de Liège.

Brabant.—Le Comité du Brabant montra une grande activité. Aidé d'un comité de dames patronesses dont le zèle égale l'esprit de charité et la magnifique générosité, il organisa deux dispensaires avec consultations de tuberculeux. Le dispensaire Albert-Elisabeth et le dispensaire Léopold reçurent plusieurs fois la visite et les dons de la princesse Elisabeth, femme de l'héritier présomptif du trône de Belgique, S.A.R. le prince Albert.

Le Comité assista 1,018 malades des deux sexes en 1907 et procéda à d'innombrables distributions de lait, de lard, morue émulsion, charbons, secours en argent mensuels.

Le Comité des dames nomma une visiteuse à domicile qui s'occupa de plus de cent familles.

Craignant les dangers et contamination par le linge souillé, le Comité du Brabant organisa une buanderie modèle qui fonctionne à la satisfaction générale. Plus de 300 familles y font lessiver leur linge.

Les pouvoirs publics accordent des subsides à cette œuvre et la soutiennent devant l'opinion publique.

L'enquête discrète menée par la Société contre la Tuberculose révéla de bien tristes détails. D'abord l'insalubrité et l'encombrement des logements. " En effet," dit l'hygiéniste Beco, " le problème de l'habitation salubre dominera toujours la prophylaxie de la tuberculose."

Puis la promiscuité, à peu près la *moitié* de nos malades ont un autre membre de leur famille atteint de tuberculose! Dans le Brabant sur 438 tuberculeux, il y en a 255 qui n'ont qu'un lit commun pour eux et leur femme, leur mari, leur frère, leur sœur!

Dans la Flandre occidentale l'enquête a porté sur 50 ménages secourus. Voici pour l'hygiène du couchage:—

Le malade dort seule dans son lit dans . . .	20 cas.
„ „ avec 1 personne „ . . .	27 „
„ „ 2 „ „ . . .	1 „

Et pour la chambre (50 cas).

Le malade dort seule dans sa chambre . . .	16 cas.
„ „ avec 1 personne . . .	15 „
„ „ „ 2 „ . . .	12 „
„ „ „ 3 „ . . .	5 „
„ „ „ 5 „ . . .	1 „
„ „ „ 11 „ . . .	1 „

Dans la province de Liège voici les détails sur l'habitation:—

70 ménages occupent 1 pièce . . .	24 p.c.
79 „ 2 „ . . .	27 „
45 „ 3 „ . . .	15 „
64 „ 4 „ . . .	22 „
14 „ 5 „ . . .	4.9 „
11 „ 6 „ . . .	3.9 „
2 „ 7 „ . . .	0.7 „
1 „ 8 „ . . .	0.3 „

Le malade (Liège) couche seul dans un lit . 46 „

Le malade (Liège) couche seul dans une chambre . . . . . 25 „

Le malade (Liège) couche dans le même lit et la même chambre qu'une ou plusieurs personnes . . . . . 53 „

Il y a dans toute la Belgique un mouvement très marqué vers la création de sanatoria, cures d'air, galeries d'exposition, etc.

À Bruxelles le Conseil des Hospices œuvre des galeries de cure d'air à l'Hôpital St. Jean le Souvain, les hospices font de même.

À Bruxelles le Conseil des Hospices étudie la création d'un sanatorium pour femmes tuberculeuses; nous sommes honteuses de le dire, mais les malades femmes ne possèdent encore à l'heure qu'il est aucun sanatorium gratuit.

Aussi voyons-nous le Comité des Dames de la section d'Anvers demander l'installation d'un sanatorium gratuit pour femmes, et les quatre dispensaires fédérés de la province de Liège envoyer une proposition d'établissement d'une cure d'air pour femmes à "Borgoumont" au conseil provincial.

À l'heure qu'il est peut être quelques galeries séparées sont-elles ouvertes aux femmes! On ne comprend point cette obstination des pouvoirs . . . laisser l'épouse, la mère tuberculeuse chez elle, c'est empoisonner tout le ménage.

Voici les résultats des cures dans la province de Liège sur les résultats des cures d'air, etc., dans les sanatoria. Après trois ans d'épreuve, on peut constater que les 65 p.c. des hospitalisés sont dans un état de santé correspondant ou à la guérison, ou à un état tellement satisfaisant qu'ils peuvent se livrer à leur travail. Chez 11 p.c. la maladie a continué son évolution et les autres sont morts. (Sanatorium de Borgoumont fondé par la province de Liège grâce à la générosité de la famille Montéfiore.)

Dans le Hainaut, voici les résultats aux galeries de cure d'air de Bois d'Havré, soutenus par les dons recueillis par les quatre dispensaires de Mons, Tournai, Charleroi, et Ath:—

Guérison apparente, 4 . . . . .	6 p.c.
Augmentations de poids, 31 . . . . .	52 „
Stationnaire en poids, 16 . . . . .	24 „
Diminués en poids, 6 . . . . .	10 „
Décès, 3 . . . . .	5 „

Les statistiques sont donc plutôt encourageantes; il est pourtant déjà démontré que le séjour au sanatorium doit être très prolongé.

Dans le Brabant les tuberculeux sont envoyés dans des sanatoria privés, et à Bruxelles le Conseil des Hospices a fondé un sanatorium pour hommes, grâce à la générosité de M. Brugmann à Alsemberg.

Il y a aussi des sanatoria privés et gratuits pour les indigents entr'autres à La Hulpe, Waterloo, dont le comité est composé de dames.

Mais toutes ces œuvres n'acceptent guère que des tuberculeux censément curables. *Que faire des malades incurables?* L'humanité commande de les soigner, mais il faut empêcher à tout prix qu'ils ne contaminent leur entourage. L'isolement avec toutes les mesures de prophylaxie, crachoirs, désinfection du linge, des vêtements du corps du malade, etc.

Le Conseil communal de Liège a accordé des subsides pour faire des essais. En ce moment 49 tuberculeux jugés incurables sont secourus. On leur loue une chambre, on leur donne un lit, des secours en nature, des soins médicaux à domicile, mais on a soin d'organiser autour d'eux un réseau de précautions sanitaires. S'il y a décès, le lit et le logement sont soigneusement désinfectés et les hardes suspectes sont détruites.

Disons pour terminer que la Belgique enseignante n'est pas restée inactive. Le gouvernement recommande aux professeurs de prendre une part active à la lutte contre les maladies transmissibles et spécialement la tuberculose.

Enfin, on a fait beaucoup étant donné l'état actuel des mœurs, mais nous, les femmes et les mères de Belgique, nous demandons des lois sociales et des mesures plus énergiques qui rémonteraient à la racine du mal et en tariraient la source.

Si l'instruction obligatoire existait, si les écoles ménagères et professionnelles faisaient suite à l'école primaire, si l'apprentissage avec un minimum d'âge et un maximum d'heures de travail existait, si l'enfance était mieux protégée, la femme plus honorée, la mère plus soutenue et plus aidée pendant sa grossesse et ses couches, si l'on s'opposait à l'exploitation de la classe ouvrière par le scandaleux propriétaire des " bataillons carrés," si les villes se fleurissaient et se purifiaient par la création des jardins et des parcs . . . alors la hideuse tuberculose reculerait.

Espérons, Mesdames, qu'il viendra un temps où vous le diront peut-être les déléguées de la Bolivie, du Pérou, de l'Equateur, des régions montagneuses de la Suisse, de la Silésie et du Harz, la tuberculose ne sera plus qu'une triste exception!

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## Greece.

National Council of Women.

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### Report on Public Health,

BY

Dr. MARY KALOPOTHAKÉS.

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#### INFANT MORTALITY.

Although ignorance and routine combine to swell the ranks of infant mortality, the Greek race is a prolific one, and the loss does not tell on the whole.

It is in the larger towns, and especially in the capital and its sister city, the port of Piræus, that the death-rate is great during the first year of life. This is due to the increasing number of illegitimate children, whose fate may be read in the statistics of the Foundling Asylum of these two cities, dating from 1838. During the first decade of its existence the death-rate was 94 per cent. ; from this until 1859 it was 81 per cent. ; from 1860 to 1865, 50 per cent. ; from 1875 to 1885, 55 per cent. Since then it has fluctuated greatly, but has fallen, during the last decade, to 35 per cent., and even 28 per cent., under better management and more enlightened medical supervision. Only a limited number of infants can be kept in the asylums ; the rest are put out to nurse, and are under regular medical inspection with their nurses, who often have them for years under their charge, until they are adopted or old enough to learn a trade. Not infrequently, girls have remained in the asylum until old enough to marry, and have been provided with a dower and a suitable husband.

No other agency at present exists for the benefit of infants, and mothers who are precluded by poverty or other circumstances from bringing up their children. Two attempts at introducing the

crèche system were given up owing to the fact that the Greek woman of the poorer classes prefers to live at home with the pittance she has to pay for her child's keep at the crèche; nor will the crèche system become general as long as the greater bulk of the population are married couples, where the husband earns enough, be it ever so little, for the support of the family. The exceptions to the rule are those who cannot contribute anything to the support of their infants, and for such the crèche must be gratuitous.

The only teaching given to mothers as to the rearing of their infants is what they get from the physicians whom they consult at the hospitals and clinics. The only special instructions to mothers have been, since 1898, the lectures given by the Section for Hygiene of the Union of Greek Women.

But instruction is not enough where the means to procure healthy and pure milk are wanting, and the greatest factor in infant mortality outside the foundling hospital is undoubtedly the high price of milk, which renders it almost a luxury for the poor.

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## HYGIENE IN SCHOOLS.

Hygiene and domestic economy are taught in private schools and in the public schools of higher grade. Not more than two hours a week are devoted to these subjects.

The school buildings newly erected are all planned in accordance with the latest sanitary requirements. In the older buildings the fault oftenest lies in the inadequacy of lighting and airing the classrooms, not often in want of space.

No official medical inspection is practised beyond that for purposes of vaccination in the common reports. The present Ministry of Education have ordered a commission to examine and report on the state of these schools and their pupils. The high school for girls and the better class of private schools have medical inspection, and devote much attention to physical culture. In the Girls' High School, with an attendance of 1,500 pupils, two orthopædic gymnasia are in practice for those pupils who need special attention. Gymnastics of the Swedish system are being more generally introduced into the schools, and a great deal of time and attention is



paid to gymnastics generally in all grades of schools, with marked results. In addition to the school gymnasia, there are gymnasium grounds where classes resort with a master, or even private pupils, for special training.

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## HYGIENIC CONDITIONS IN FACTORIES AND WORKSHOPS.

The sanitary conditions in factories and workshops, where girls of all ages and women are employed, are, generally speaking, bad. The number of working hours often surpasses twelve, which is the usual length of time for work in factories. There are in certain cotton factories appliances for facilitating quickness of work, absolutely injurious to the health, and many of these workers become consumptive. There is no medical inspection or supervision, and the workers themselves are afraid to tell of all they endure, lest, in these hard times, they should find themselves thrown out of work. The Piræus Society for the protection of working girls has instituted a soup kitchen, and in many other ways has brought about an improvement in the health of those whom it can reach through its school for workers, held on Sundays.

In spite of its physical conformation, which gives to it a climate unique in its blending of sea and mountain air—in spite of its peculiar transparency and lightness of atmosphere, and its unstinted gift of vivifying, healing, and disinfecting sunlight—Greece is decimated to an appalling degree by two infectious diseases, one of which (malaria) at least is endemic—tuberculosis, and malaria or, more exactly, paludal fever.

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## TUBERCULOSIS.

Tuberculosis is an importation of comparatively recent date, and it may be stated at once that its principal source and the cause of its abnormal generalisation amongst a people noted for its sobriety, hardiness, and general adaptability to hardship, is emigration to the

United States, which of late years has been drawing annually many thousand healthy youths and men from all parts of Greece, but chiefly from the poorer agricultural regions. These emigrants almost invariably attempt to live as economically in their new surroundings as under the genial sky of Greece, with the result that a large contingent of them fall an easy prey to tuberculosis, and, returning home, to die or to seek for health, contaminate the members of their families, while lack of conviction as to the danger of contagion, and oftener lack of precise knowledge as to the means of avoiding contagion, keep alive the germs of the disease, until whole families are exterminated and others contaminated.

### Death-rate from Tuberculosis.

The mortality from tuberculosis has increased steadily since 1890, as the following figures, taken from the official report of the Minister of the Interior and from the statistics of the Red Cross Society will show:—

Number of Deaths from Tuberculosis.					
From 1890-4	.	3,701	From 1900-4	.	6,022
.. 1895-9	.	4,435	,, 1905-7	.	7,122

These figures represent the mortality registered in the twelve largest towns of Greece, and give a percentage of 13.35 per cent., which is equivalent to 31.60 deaths from tuberculosis out of every 10,000 from any cause whatever.

From statistics taken in 274 smaller towns and villages the mortality amounts to 5,000 deaths from tuberculosis annually. The death-rate in the Hellenic army is smaller than in the French army, but greater in the prisons and insane asylums than in France. The mortality from tuberculosis alone is greater than that resulting from the sum of all the other diseases, many of which, no doubt, aggravate and render easier the spread of consumption, and as one of the chief aggravating causes *paludal fever* must take the first place.

From the above figures it will appear that Greece, with its percentage of 31.60 deaths from tuberculosis out of every 10,000, takes precedence of Germany, Ireland, Sweden, and Switzerland, with their percentage of 20 per 10,000; of England, Belgium, Scotland, Holland, Italy, and Norway (10 per 10,000), and even of New York, Vienna, or Paris.

### Measures in force against Tuberculosis.

Although as early as 1836 a Royal Decree forbade the use or sale of articles of clothing, bedding, or furniture contaminated by tuberculous patients, without previous disinfection, it was not until 1890 that any systematic action was organised against the inroads of the disease, when the section of hygiene of the Union of Greek Women undertook, in the face of popular prejudice and opposition, the disinfection of all houses and articles in which tuberculous patients had died. The first two years of this campaign were not easy; the police were in constant requisition to enforce the measures that the ladies of this section, joining patient explanation to firmness, succeeded at last in carrying out, while, by the distribution of printed directions as to the means of preventing contamination and the care of the tuberculous sick, a general knowledge of the importance of these measures was spread through all the quarters of Athens, and the eagerness with which later the disinfection was accepted, and even sought after, was sufficient reward for their pains. With the co-operation of the Athens police this work of disinfection remained in the hands of the ladies of the Union of Greek Women until 1908, when the Public Disinfection Service of the Ministry of the Interior took over the entire disinfection for infectious diseases, having at its command a large force and every appliance of the most perfect kind for carrying on this important work as it should be. Besides the work of disinfection, carried on under great pecuniary difficulties, the section of hygiene of the Union of Greek Women spent considerable sums and gave much attention to the prevention of tuberculosis by dispensary work, and by the introduction of a new treatment for tuberculosis, in co-operation with its inventor, Dr. Coromilas, with the most encouraging results.

But the first official organised action was the founding of the Panhellenic Antituberculosis League in 1891, whose work to-day is centred in an antituberculosis dispensary, on the Calmette type, where thousands of patients receive treatment and advice as to the means of preventing contamination. Lectures have also been held in most of the principal towns of Greece, and the aim of the league is to establish a great sanatorium on some one of the higher mountains of Greece.

For although the hospitals have small pavilions attached for the reception of consumptive patients in their last stages, and although,

since 1905, a small consumptive hospital, founded by the widow of the archæologist H. Schliemann, ministers to the wants of forty patients in all stages of the disease, there is pressing need of a sanatorium, or, better, of several, which will take patients in the early stages exclusively, and restore them to health and to their work. This great need is soon to be met by the founding of a great sanatorium by Her Majesty Queen Olga, whose whole life has been identified with ministrations to the sick and suffering. Already several million francs have been given by bequest for this purpose.

## Pioneer Work in Egypt.

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### NOTE ON THE AIMS AND OBJECTS OF THE MINIA FREE DISPENSARY AND ON THE NATURE AND WORK OF THE STAFF.

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In starting a charitable dispensary for the children of Minia, the idea from the first was to have an institution for the prevention of the needless and terrible mortality and suffering rather than one for the curing of disease, for which purpose the Government hospitals exist—a place, therefore, to which the fellah could be encouraged to bring his children in the early stages of illness, where no ailment would be too trivial for attention, and where, above all, the women could be sympathetically taught the simplest ideas of cleanliness and right feeding of children, from the neglect of which nearly all their ailments first arise. Such ailments, when not attended to, very quickly become the diseases and illnesses which weaken the population, carrying off possibly 50 per cent. of the children born, or resulting in blindness.

Work of this nature has been very successfully carried on in many places in Europe. It is essentially a woman's work, no doctor or hospital having the time to give to these seemingly trivial matters, nor is it the work of a man to instruct women in the care of their children. In every country it has been found necessary to start this branch of work apart from the organised hospitals, and to start it in a charitable form. The treatment must necessarily be free, when the mothers of the poorest classes have to be urged and ordered to bring their children day after day for perhaps one or two months in cases of fever, skin diseases, rickets, and other chronic illnesses. Were the smallest sum demanded in payment all hold over the parents would be gone, and the chief aim of the institution lost for a very trivial sum of money gained.

It has been shown in the report how very successful this educational part of the work has been in Minia—far more so than was

even hoped for at the outset. To obtain this success argues that the staff has nobly done its duty, and more.

The staff of the dispensary, apart from the English matron, consists of three or four Turmagiyat, the numbers varying according to the time of the year. These were at first very difficult to obtain, but there is now no trouble, more offers of helpers being made than are wanted. It is very gratifying to find how quickly these girls, drawn from the poorer classes in Minia, learn their work, and perform it with interest and goodwill. They live at home, and it is hoped that the training they receive may not be lost on them, and that they may become an influence for good amongst their more ignorant neighbours.

But it is obvious that in an institution of this sort the success of the whole scheme depends on the matron, who must be a woman of large experience, showing, besides, great tact and sympathy in dealing with the women. Every morning the matron examines from 60 to 100 children, makes a first diagnosis of their ailments, writes down all details about each case, attends to the eyes, treats all save the more serious cases, which alone are shown to the doctor, taking all the responsibility on herself of their treatment—a very grave one. In addition, she explains to the mothers the treatment required and the probable cause of the illness. Apart from the medical side of the work, she has to organise all the internal details of the dispensary, requiring much thought and labour.

Consequently, when the dispensary was first decided on, the question of the matron was most carefully gone into, with the sole view of obtaining the best possible value for the money subscribed. At first the promoters hoped to find an Egyptian woman qualified to act as matron, chiefly for the reason that the charity is a purely Egyptian one, started solely with Egyptian money, and to benefit Egyptian children only.

But the idea of an Egyptian matron had to be given up, because the supply does not exist of any Egyptian woman sufficiently trained for the work required of her. The only possible class to look to was the "hakima" class. At present the "hakima," after three years' general training at Kasr el Aini and a special midwifery course, obtains a Government appointment at a high salary, devoting about two or three hours a day only to her Government work at the hospital. The rest of the day she is free to take outside work, which consists almost entirely of midwifery cases, and once she

leaves Kasr el Aini her experience lies practically in this branch of medical work only. Any "hakima" in this country makes at least £30 a month, and most of them even more. There are perhaps three who have had the general experience necessary for the responsible post of matron of a dispensary, but any one of these would require a salary of at least £50 a month. Of less experienced "hakimas," none offered under terms varying from £20 to £30, and these would have been too young and inexperienced to be entrusted with the work.

Consequently, the promoters had to decide on engaging an English nursing sister as matron, and they were fortunate in securing the services of one of great experience both in Egypt and in England, who is fully certificated and trained, at a salary of P.T.1,660 a month. The results have fully justified the choice, and the Committee feel it would be assuming a very heavy responsibility were it to decide to entrust the lives of the children to an insufficiently qualified person (at a large expense even so) merely to gratify the very reasonable and praiseworthy wish to employ purely Egyptian labour on an Egyptian charity.

The idea was also considered of engaging a "hakima" who had just left the training school at Kasr el Aini, to further train her under the English matron, with a view to her taking on the work when qualified. This again proved impossible: no one would come, save on high terms, refusing at the same time to give a contract of sufficient length to make the experiment worth the expense.

The remedy lies in the hands of the Egyptian nation. When it is willing to have a sufficient number of women educated and trained for this work there is no reason why they should not perform it. At present the supply is so limited as to make the cost impossible. Were the supply increased, and the price consequently decreased, the Government could afford to employ a number of Egyptian women, trained as nurses in the European sense of the term, working exclusively at the Government hospitals, where they are badly enough needed, and obtaining experience in every branch of medical work. In a few years they would be qualified to undertake posts of responsibility at a salary not absolutely prohibitive. There is no nobler work for the Egyptian woman to devote herself to than the care of the sick, from motives of sympathy as well as from the wish to make money, and everything should be done to encourage her to do so. But it is not a work to be lightly undertaken. A

severe training must be gone through, and a large experience gained, before any woman, Egyptian or European, can venture to accept the responsibility of taking the lives of others into her hands.

### Extract from the Report on the Minia Free Dispensary for Children, 1907-8.

The Committee of the Minia Free Dispensary for Children can record very satisfactory progress in all branches of the work. The numbers given below show also that the district has appreciated the existence of the dispensary, and that the money subscribed has been well bestowed.

Months.	Eyes.	Skins.	<u>1907.</u>				General Surgical.	New Cases.	TOTAL Daily Attend- ances.
			Diarrhoea, Dysentery.	Pneumonia, Bronchitis, Chest.	Typhoid Fever.				
January -	43	46	20	7		69	185	1,072	
February -	28	46	28	12	—	70	184	1,105	
March - -	51	61	16	14	—	83	225	1,295	
April - -	91	78	50	22	—	145	386	1,726	
May - -	88	40	68	13	3	257	469	1,797	
June - -	82	56	62	10	2	246	458	1,526	
July - - -	110	52	46	4	2	342	556	1,724	
August -	105	46	55	2	1	219	428	1,830	
September -	127	72	49	5	—	192	445	1,770	
October -	149	55	48	9	2	141	404	1,773	
November*	87	38	36	12	2	89	264	1,116	
December -	58	51	19	20	4	82	234	1,206	
	1,019	641	497	130	16	1,935	4,238	17,940	

\* Closed 8 days.



1908.

Months.	Eyes.	Skins.	Diarrhoea. Dysentery.	Pneumonia. Bronchitis. Chest.	Typhoid Fever.	General Surgical.	New Cases.	TOTAL Daily Attendances.
January -	32	35	18	13	7	77	182	820
February -	39	40	21	10	3	69	182	896
March - -	90	34	35	26	2	124	311	1,096
April - -	105	42	59	9	4	145	364	1,374
May - - -	101	44	116	16	3	152	432	1,591
June -	140	30	83	9	2	233	497	1,643
July - - -	147	34	51	7	1	130	370	1,456
August - -	113	34	25	1	—	155	328	1,429
September -	178	47	39	3	—	136	403	1,731
October* -	164	38	32	2	—	73	309	1,596
November -	160	49	47	23	2	95	376	1,654
December† -	54	33	32	36	2	79	236	1,308
	1,323	460	558	155	25	1,468	3,990	16,594

\*Closed 8 days.

†Closed 3 days.

TOTAL ATTENDANCES from 20th September, 1906, to  
31st December, 1908.

PATIENTS—9,696.

TOTAL VISITS—40,190.

It will be noticed that the attendances and the diseases treated vary very regularly with the different seasons of the year, the summer, of course, being the time when work is hardest. A marked increase in the number of eye cases has to be reported, due very largely to the fact that the travelling ophthalmic hospital (Sir Ernest Cassel's Fund) was working in Minia during the winter 1907-8, and seems to have roused the people to the fact that it is possible to treat eyes. This, of course, is one of the most

important branches of the work, and one that, perhaps, shows the most satisfactory results. The parents seem to realise better that cases must not be left too late, though far too many most distressing cases are still brought of infants blind in one or both eyes, merely from neglect at and shortly after birth; but, on the whole, many more are brought in the early and curable stages than formerly. The women, too, now often ask for lotion and wool, with which to bathe the eyes at home.

Several bad cases of general blood-poisoning after vaccination gave great anxiety for some months; in the spring the cases increased, two children dying. The attention of the Sanitary authorities was called to the matter, in which they took much trouble and interest, and these cases have, for the moment, largely ceased.

A large number of children are treated for rickets and tuberculosis, the latter cases, when necessary, being sent on to the Government hospital. The prevalence of rickets amongst infants is largely due, amongst the many other causes, to the faulty manner in which they are clad—bound round with layers of tight bandages, and every effort is made to induce the mothers to discard these, but it is necessarily slow and difficult work to persuade them.

The doctors compute the number of children suffering from hernia, but brought in for general treatment, to be about 50 per cent. of the total attendances; this is due almost entirely to neglect at, and shortly after, birth. It is extremely difficult to know what to do for these cases, it being obviously impossible to supply trusses or to operate in each case. The only real remedy is to hope that, in the future, it will be possible to strike at the root of the mischief, by training up a generation of midwives less terribly crude and ignorant than the present village woman, who, though licensed to work, has not the most elementary ideas of proper treatment, and it is perhaps the infants who, on the whole, suffer most.

With regard to the mothers who attend the dispensary, the matron reports a very marked improvement in their tone, manner, and general intelligence, especially in those who have been coming from the commencement. The dispensary was opened with the very distinct aim of raising and educating the women of the poorest classes, and the progress made with this feature of the work is most encouraging. The women come much more regularly, bring the children in much earlier

stages of illness—the necessity of which has been very strongly impressed on them—and seem to grasp with much greater intelligence what has to be done. Numbers of women have been attending on and off since the dispensary was first opened, bringing their friends also, and the improvement in these is very decidedly marked. When questioned as to diet in cases of fever or dysentery, etc., they frequently now state that the child has been kept on milk, showing that they, at any rate, begin to know what *should* be done. Several very bad cases of typhoid and pneumonia, despaired of by the doctors, have recovered, proving that the instructions received must have been, to a certain extent, carried out at home. The women themselves have undoubtedly benefited by the civilising influence of the dispensary: they are, on the whole, distinctly grateful, and seem anxious to do their best for the children; they are not so impatient of slow results, being much more willing to continue a treatment for some time, where necessary. The children are also brought in a much more cleanly condition. The utmost order now prevails in the waiting-room of the dispensary.

The parents come from all parts, two cases having even travelled from Beni-Souef by water; sometimes a room is taken in the town for a few days, so as to be near in case of urgent illness.

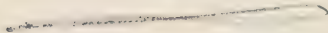
Before concluding the remarks on this point, the Committee wish to record their sense of the high services rendered by the matron. That the results obtained have been so encouraging is due, in the first place, to the fact that she has never spared herself in her work, and to the tact and sympathy she has shown in dealing with the women, taking an individual interest in each, and sometimes, in urgent cases, visiting the children at home. It is satisfactory to record that the women themselves are the first to appreciate her devotion, without which much might have been done towards curing the sick, but the other, and more important, side of the work would have been lost.

The Committee desire to acknowledge with deepest gratitude the services rendered by the medical profession of the town, all their work being honorary.

(Signed) HASSAN HASSIB,

President of Committee.

E. N. HASELDEN, }  
ELLEN HOPKINS, } Hon. Secretaries.







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